



FORENSIC, LITIGATION & VALUATION SERVICES

**REPORT OF FORENSIC AUDIT
COUNTY OF ROCKLAND**
Confidential Attorney Work Product

Prepared By

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I. INTRODUCTION

At the request of the County of Rockland, New York (“Rockland County”), Baker Tilly Virchow Krause, LLP (“Baker Tilly”) has conducted a forensic audit of the Rockland County Office of Community Development (“RCOCD”) for the period of January 1, 2009 through December 31, 2016. The investigative team assembled to conduct this forensic audit are subject matter experts with decades of experience. We are qualified to perform the investigation, reach conclusions, and make our opinions based on our extensive training expertise and knowledge of the subject matter. Please refer to **Exhibit 1** for a detailed biography of each team member.

Our forensic audit focused on determining whether any inappropriate or fraudulent activities were occurring within the community development programs managed by the RCOCD. As part of the analysis, Baker Tilly reviewed RCOCD program documents and conducted several on-site interviews with Rockland County employees. This Report of Forensic Audit documents Baker Tilly’s factual findings from the investigation, offers analyses and conclusions based on the information gathered to date, and provides recommendations to help improve program operations and lower the risk that inappropriate activity could occur in the future.

II. FORENSIC AUDIT ANALYSIS AND PROCEDURES

The following sections summarize the detailed analysis and procedures performed during our investigation.

A. ANALYSIS OF COMMUNITY DEVELOPMENT PROGRAMS

The RCOCD is the overall administrative agent for the Federal Community Development Block Grant program, HOME Investment Partnerships program, and Emergency Solutions Grant

program. Rockland County also receives Housing Opportunities for Persons with HIV/AIDS program funds through a consortium with the City of New York.¹ The RCOCD is also designated as the lead agency for the Continuum of Care.² These programs, which are all funded through the U.S. Department of Housing & Urban Development (“HUD”), are intended to support the goals of providing decent housing and a suitable living environment, and expanding economic opportunities principally for low and moderate income people.³

The RCOCD disburses funds from these entitlement grants to low and moderate income residents in an effort to provide affordable housing and improve the quality of life in Rockland County.⁴ During our investigation, Baker Tilly reviewed transactions and files from the following community development programs: the Community Development Block Grant (“CDBG”) Program, the Section 108 Loan Guarantee (“Section 108”) Program, the Section 8 Housing Choice Voucher (“Section 8”) Program, the Emergency Solutions Grant (“ESG”) Program, the HOME Investment Partnership (“HOME”) Program, and the Housing Opportunity for Persons with AIDS (“HOPWA”) Program. Each of these programs are discussed in more detail below.

¹ See the full list of community development programs offered by Rockland County at <http://rocklandgov.com/departments/community-development/>.

² Rockland County Five-Year Consolidated Plan and 2015 Annual Action Plan, 2015-2019, draft dated Jun. 10, 2015, available at: <http://rocklandgov.com/files/7114/3525/6858/ConPlan06252015-Merged.pdf>, at 2.1.

³ Rockland County Five-Year Consolidated Plan and 2015 Annual Action Plan, 2015-2019, draft dated Jun. 10, 2015, available at: <http://rocklandgov.com/files/7114/3525/6858/ConPlan06252015-Merged.pdf>, at 2.1.

⁴ <http://rocklandgov.com/departments/community-development/>.

1. Community Development Block Grant Program

The CDBG Program “works to ensure decent affordable housing, to provide services to the most vulnerable in our communities, and to create jobs through the expansion and retention of businesses.”⁵

2. Section 108 Loan Guarantee Program

The Section 108 Program is a component of the CDBG Program.⁶ The purpose of the Section 108 Program is to allow local governments to convert a small portion of their CDBG funds into “federally guaranteed loans large enough to pursue physical and economic revitalization projects capable of renewing entire neighborhoods.”⁷ Eligible projects include acquisition of real property, rehabilitation of publicly owned real property; construction, reconstruction, or installation of public facilities (including street, sidewalk, and other site improvements), debt service reserves, finance fees, and public works and site improvements.⁸

To further Rockland County’s capacity to loan businesses funding at competitive commercial rates, extend repayment terms, and ease the approval process, the Section 108 Program established two additional programs, the Microloan Program and the SBA 7A Program.⁹

The Microloan Program provides small, short-term loans and makes funds available to small and medium-sized businesses seeking assistance with working capital and business

⁵ <http://rocklandgov.com/departments/community-development/community-development-block-grants/>.

⁶ <https://www.hudexchange.info/programs/section-108/section-108-program-eligibility-requirements/#purpose-of-the-section-108-program>.

⁷ <https://www.hudexchange.info/programs/section-108/section-108-program-eligibility-requirements/#purpose-of-the-section-108-program>.

⁸ <https://www.hudexchange.info/programs/section-108/section-108-program-eligibility-requirements/#section-108-eligibility-requirements>.

⁹ <http://rocklandgov.com/departments/community-development/economic-development-loan-program/>.

expansion. The program is developed to create and retain low-income jobs and to stimulate the economy in Rockland County. The minimum loan amount is \$5,000 and the maximum loan amount is \$50,000.¹⁰

The SBA 7A Program would be through a partnership with the National Development Council (NDC) and their Grow America Program for loans from \$50,000 to \$2,000,000.^{11,12}

3. Section 8 Housing Choice Voucher Program

The Section 8 Program provides rental assistance to eligible low and moderate income families.¹³ Eligibility for this program is based on total annual gross income and family size and the applicant's ability to comply with all the requirements for this program.¹⁴

4. Emergency Solutions Grant Program

The ESG Program assists individuals and families in regaining stability in permanent housing after experiencing a housing crisis or homelessness.¹⁵ Recipients (state governments, large cities, urban counties, and U.S. territories) receive ESG grants and make these funds available to eligible subrecipients, either local government agencies or private nonprofit organizations.¹⁶ The recipient agencies and organizations, which actually run the homeless assistance projects, apply for ESG funds to the governmental grantee, not directly to HUD.¹⁷ Under the ESG Program, ESG funds are available for five program components: street outreach,

¹⁰ <http://rocklandgov.com/departments/community-development/economic-development-loan-program/>.

¹¹ http://rocklandgov.com/files/4013/3493/5174/2012_ACTION_PLAN.pdf at 16.

¹² Baker Tilly was not asked to analyze the SBA 7A Program as part of this forensic investigation.

¹³ <http://rocklandgov.com/departments/community-development/section-8-housing-choice-voucher-program/>

¹⁴ <http://rocklandgov.com/departments/community-development/section-8-housing-choice-voucher-program/>

¹⁵ <http://rocklandgov.com/departments/community-development/emergency-solutions-grant/>.

¹⁶ <http://rocklandgov.com/departments/community-development/emergency-solutions-grant/>.

¹⁷ <http://rocklandgov.com/departments/community-development/emergency-solutions-grant/>.

emergency shelter, homelessness prevention, rapid re-housing assistance, and data collection through the Homeless Management Information System (“HMIS”).¹⁸

5. HOME Investment Partnership Program

The HOME Program provides grants to state and local governments to be allocated exclusively to create affordable housing for low-income households.¹⁹ Participating jurisdictions are able to fund a wide range of eligible activities based on important values and principles of community development, including “using HOME funds to provide home purchase or rehabilitation financing assistance to eligible homeowners and new homebuyers; build or rehabilitate housing for rent or ownership; or for “other reasonable and necessary expenses related to the development of non-luxury housing,” including site acquisition or improvement, demolition of dilapidated housing to make way for HOME-assisted development, and payment of relocation expenses.”²⁰

6. Housing Opportunity for Persons with AIDS Program

Rockland County provides tenant-based rental assistance (“TBRA”) and support services to individuals who are low-income and diagnosed with human immunodeficiency virus (“HIV”) infection or acquired immunodeficiency syndrome (“AIDS”).²¹

¹⁸ <http://rocklandgov.com/departments/community-development/emergency-solutions-grant/>.

¹⁹ <http://rocklandgov.com/departments/community-development/home-investment-partnership-program/>.

²⁰ <http://rocklandgov.com/departments/community-development/home-investment-partnership-program/>.

²¹ <http://rocklandgov.com/departments/community-development/housing-opportunities-for-persons-with-aids/>.

Under the HOPWA Program, rental subsidies (i.e., TBRA) may be combined with shelter allowance subsidies from the Rockland County Department of Social Services to leverage financing and maximize the use of HOPWA funds.²²

Determination of eligibility, screening and assistance in finding suitable apartments is accomplished through the coordinated efforts with the Rockland County Department of Health. The Rockland County Office of Community Development handles enrollments, recertifications, and day-to-day client services.²³

B. ANALYSIS OF FUNDING TRANSACTIONS

Our forensic investigation focused on a review of funding transactions from each RCOCD program discussed above to determine whether the transactions had the proper supporting documentation and whether funding was appropriately disbursed. We also focused on identifying whether RCOCD was exposed to any type of inappropriate employee activity related to questionable transactions.

1. Analysis of Community Development Expenditures

During the time period of January 1, 2009, to December 31, 2016, Rockland County maintained an internal Excel workbook of funding transactions, titled “F Fund – Community Development Expenditures.”²⁴ Baker Tilly was provided with a copy of this workbook by Ms. Linda Szachewicz Hill (“Ms. Szachewicz Hill”), County of Rockland, Department of Finance, Accountant III.

²² <http://rocklandgov.com/departments/community-development/housing-opportunities-for-persons-with-aids/>.

²³ <http://rocklandgov.com/departments/community-development/housing-opportunities-for-persons-with-aids/>.

²⁴ F Fund – Community Development Expenditures prepared by County of Rockland.

The Community Development Expenditures workbook contained data for 4,565 individual funding transactions which accounted for \$34,159,380.60 in funding.²⁵ **Exhibit 2** is provided to summarize the transactions contained in the Community Development Expenditures workbook.

In order to test this data, we utilized a risk-based approach and selected transactions from each program for testing. We selected funding transactions with a range of disbursement amounts and paid special attention to transaction details of a questionable nature (i.e. payees who are employees, transactions voided and reentered). In addition, we have reviewed documentation provided to us by Dr. Penny Jennings (“Dr. Jennings”), former Director of Community Development, for specific funding transactions for which she has expressed concerns.

In total, Baker Tilly analyzed 146 separate funding transactions which accounted for \$8,233,393.12 in funding, as well as four Section 8 Program files. The following table provides a summary of the selected transactions:

TABLE 1: SUMMARY OF SELECTED FUNDING TRANSACTIONS FOR ANALYSIS

Program	No. of Transactions	Amount of Transactions
CDBG Program ⁽¹⁾	114	\$ 7,338,074.17
Section 8 Program	4	
ESG Program	5	\$ 76,786.35
HOME Program	23	\$ 697,452.60
HOPWA Program	4	\$ 121,080.00
Total	150	\$ 8,233,393.12

⁽¹⁾Four of the transactions were not found in Rockland County's internal F-Fund Expenditure spreadsheet.

In order to substantiate the funding transactions, we performed a detailed analysis based on the following:

²⁵ F Fund – Community Development Expenditures prepared by County of Rockland.

- a. Supporting documentation, including electronic voucher data print outs, photocopies and vouchers for checks, storage room files, subrecipient agreements, letters, program applications, environmental site assessments, Tax Form 990s; and Rockland County internal files;
- b. Publicly available documents including the County of Rockland website and other organization websites; and
- c. Discussions with Rockland County personnel.

The following sections summarize our detailed observations and findings by program.

a. Analysis of CDBG Programs

Based on our discussions with Rockland County personnel, the Section 108 Program is a subcomponent of the CDBG Program and Section 108 funding transactions were internally coded to CDBG. Additionally, the Microloan Program was established by the Section 108 Program.²⁶ Therefore, based on our discussions with Dr. Jennings, the CDBG sample set properly consists of Section 108 and Microloan Program funding transactions.

According to Rockland County's CDBG Internal Procedures, applications for CDBG funding must have required sections completed and all required attachments or they will not be accepted.²⁷ Additionally, reimbursement requests for CDBG funds must be submitted on a Rockland County standard voucher with required supporting documents attached.²⁸ Baker Tilly analyzed 114 CDBG Program transactions totaling \$7,338,074.17 which consist of Section 108 and Microloan Program funding, to determine whether requests for funding were properly

²⁶ <http://rocklandgov.com/departments/community-development/economic-development-loan-program/>.

²⁷ CDBG Internal Procedures.

²⁸ CDBG Internal Procedures.

documented and whether funds were properly disbursed in accordance with HUD rules and regulations.

During our analysis of the Section 108 and Microloan Program funding transactions, we identified the following:

- a. Of the Section 108 Program funding transactions which were analyzed, four were incorrectly coded by RCOCD, 26 standard vouchers were missing supporting documents, and four were not found in RCOCD's internal F Fund – Community Development Expenditures spreadsheet
- b. Of the Microloan Program funding transactions that were analyzed, two exceeded the \$50,000 maximum loan amount and 11 were less than the \$5,000 minimum loan amount.
- c. Information on standard vouchers was inconsistent and incomplete (i.e. all required fields were not always completed, total allocated amounts did not equal the approved amount or were not updated to reflect disbursements).²⁹
- d. Project codes listed on RCOCD's Community Development Expenditures workbook were not properly identified. For example, four projects were unidentifiable – one was coded to the HOME Program and the other was coded to supportive housing.
- e. HUD accounts were inconsistently used when the suppliers had the same Integrated Disbursement and Information System ("IDIS") voucher numbers.
- f. Receipts were not always provided with expense report submissions.
- g. A voucher for a transaction dated September 18, 2009, for Sapounas Inc., in the amount of \$224,580 for construction costs, indicates that the total allocated for this

²⁹ See **Exhibit 3** for an example of a voucher inconsistency.

organization was \$500,000, and that an amount of \$126,033 was previously requested. Baker Tilly was unable to locate supporting documentation for the previous request of \$126,033.

- h. According to Rockland County personnel, community development programs must be approved first by HUD before RCOCD can disburse funds. Of the microloans that Baker Tilly reviewed, five were accompanied by approval letters or agreements signed by Mr. Vincent Hom (“Mr. Hom”), New York State Director of the Community Planning and Development. However, there were no approval letters or agreements from HUD for any of the respective programs.
- i. As Microloan Programs are intended to help businesses create additional employment opportunities, applicants are required to submit employment verification and job creation documents. However, the job creation worksheets were not always properly filled out.³⁰
- j. An income verification form submitted by Salon FX LTD, a Microloan Program contender, provided RCOCD with conflicting information. The employee income verification form contained data for a low-income employee however the provided business’ financials indicated otherwise. No additional documents were found to determine if RCOCD investigated the inconsistency.

During our analysis, Baker Tilly reviewed several Microloan Program funding transactions that were applied for with the assistance of an intermediary, discussed in more detail as follows.

³⁰ Job retention applications, see **Exhibit 4**.

i. *Analysis of Microloans and the Small Business*

Financing Group

Baker Tilly reviewed 27 grants issued through the CDBG fund for the Economic Development Initiative totaling \$476,888.01.

The supporting documentation for these grants indicated that the Small Business Financing Group (“SBFG”) and owner Mr. Dana Malley (“Mr. Malley”) were involved in compiling and submitting the paperwork for these grants. We were referred to RCOCD employee, Ms. Maria Frank (“Ms. Frank”), Section 8 Program Coordinator, who worked for Rockland County during the time these transactions were processed. Based on our discussions with Ms. Frank, SBFG was hired as a consultant to assist small business applicants in applying for Section 108 microloans. However, there is no contract on file to set forth the responsibilities of SBFG. Based on our analysis, it appears that SBFG acted as a “broker” to help connect small businesses with lenders. A potential conflict exists if, in the course of assisting a Section 108 applicant, SBFG would find it more beneficial to refer the applicant for a private or commercial loan.

Based on our review of the supporting documentation for these ten grants, we noted that each applicant was charged an amount by SBFG that was consistently in excess of their grant. According to the documentation, these applicants paid a total of \$36,848 to SBFG. Additionally, of these ten applicants, only five received microloans.

As Ms. Frank had mentioned that SBFG was retained as a consultant, we examined the grant disbursements during the relevant time period to determine the amounts that were paid to SBFG for their services. We reviewed 25 transactions which list SBFG as the payee, for a total

amount paid of \$50,569, with the last payment on January 16, 2015. We also noted payments for monthly service charges of \$1,000.00 for approximately \$30,000.00 in total billings.³¹ SBFG also received \$20,569.00 in funds for purchasing business computer equipment.³² Although the invoices show what was purchased, Ms. Frank could not provide additional information on what purpose the equipment served.

One of the transactions that Baker Tilly analyzed was for a \$100,000 loan guarantee (also referred to as a “microloan”).³³ The microloan was issued to PAL Auto, owned by Joan Paladino, James Paladino, and George Paladino. PAL Auto is an automobile sales business that sought a loan in order to expand their inventory.

First, the transaction exceeded the \$50,000 maximum loan amount. Second, the mortgage was allegedly collateralized by property owned by a relative. We found that the listed relative is not an owner of the business. According to Rockland County employees, the business or property used as collateral must belong to the applicant because if the loan were to default, the applicant’s business or property could be seized by Rockland County. As a result, applicants must provide a deed and any outstanding mortgage notes for any property used as collateral. There was also no supporting documentation in the file for this funding transaction that indicated the loan was properly approved by HUD. As of May 4, 2016, the loan was in default.

Additionally, we noted that the supported documentation for this funding transaction included an application that was filed by PAL Auto through SBFG. The supporting documentation for this transaction also included a check that PAL Auto wrote in the amount of \$635 to the Vincent S. Monte Agency for a title search. We understand that Mr. Malley was provided an invoice by

³¹ SBFG Invoices, see **Exhibit 5**.

³² SBFG Equipment Purchases, see **Exhibit 6**.

³³ PAL Auto file, see **Exhibit 7**.

the Vincent S. Monte Agency for these services which Mr. Malley delivered to PAL Auto for payment. Based on our discussions with Rockland County employees, Rockland County freely provided these title search services, and it was not necessary for PAL Auto to pay for a title search and seek reimbursement from RCOCD.

b. Analysis of Section 8 Program

As part of our forensic investigation, Baker Tilly received a copy of the Section 8 Housing Choice Voucher Administrative Plan (“Section 8 Administrative Plan”), effective April 1, 2015.³⁴ According to the Section 8 Administrative Plan, applicants for this program need to provide the following documentation: birth certificates or other verification of date of birth, Social Security cards, initial pre-application, initial income eligibility verification, initial voucher, initial Form HUD-50058 (U.S. Housing & Urban Development – Family Report), initial HAP contract, and initial lease and tenancy addendum.³⁵ According to the Section 8 Administrative Plan, this documentation needs to be retained by RCOCD for at least three years after the application date is closed, applicant is withdrawn from the waiting list, or applicant is determined to be ineligible for the Section 8 Program.³⁶

Baker Tilly analyzed four Section 8 Program files, each for a different family. First, as applicants are required to prove that they are U.S. Citizens and have lived in the county for at least a year in order to be eligible for the Section 8 Program, we reviewed the files for necessary documentation. We also confirmed whether the number of members in a household matched

³⁴ Statewide Section 8 Voucher Program Section 8 Housing Choice Voucher Administrative Plan Effective April 1, 2015.

³⁵ Statewide Section 8 Voucher Program Section 8 Housing Choice Voucher Administrative Plan Effective April 1, 2015.

³⁶ Statewide Section 8 Voucher Program Section 8 Housing Choice Voucher Administrative Plan Effective April 1, 2015, at 1-18 and 1-19.

what was listed on the application. We identified all members of the family living in the household for the years in which the applicant was enrolled in the program by reviewing the annual recertification forms. If new family members were added to the household list, we confirmed whether photocopies of Social Security cards and birth certificates were provided. If family members were removed from the list, we reviewed the recertification documentation to determine why the member was removed. We also verified that all supporting documentation, including W-2s, pay stubs and tax returns, was provided with each recertification. We reviewed loan files for bank account information as applicants are required to make regularly monthly deposits of at least \$25 to a dedicated bank account for home maintenance and repairs and must explain deposits and withdrawals in their bank account and provide documentation to RCOCD upon request.

Based on our analysis of the four Section 8 Program files, we determined that the Section 8 Program is in compliance with the Section 8 Administrative Plan.

c. **Analysis of ESG Program**

Baker Tilly analyzed five transactions which were recorded to the ESG Program. As previously discussed, subrecipients of ESG Program funds are local government agencies or private nonprofit organizations which operate homeless assistance projects.³⁷ Subrecipients are required to comply with record keeping and reporting requirements as set forth by HUD.³⁸

The listed recipient for three of the five transactions we analyzed was the Center for Safety & Change, Inc., a New York not-for-profit corporation that is dedicated to serving victims

³⁷ <http://rocklandgov.com/departments/community-development/emergency-solutions-grant/>.

³⁸ <https://portal.hud.gov/hudportal/HUD?src=/hudprograms/esg> (Regulations are at 24 CFR part 576).

of domestic violence, sexual assault, and other violent crimes in Rockland County.³⁹ The first funding transaction in the amount of \$68,019.35 occurred on January 20, 2009. Our review of this file indicates the funding transaction was described as a progress billing covering January through September 2008 for a family shelter center. However, there is no additional documentation in the file to determine who benefitted from the disbursement.

The second funding transaction in the amount of \$27,687.02 occurred on October 1, 2015. However, this amount was subsequently voided in full in a third transaction on October 2, 2015. As we were unable to locate this voucher, we cannot determine whether this amount was properly voided or whether the transaction was an error.

The recipient for the fourth transaction we reviewed was the Legal Aid Society of Rockland County, Inc., a New York not-for-profit corporation that provides legal services to individuals unable to afford or obtain them.⁴⁰ A disbursement from the ESG Program occurred on October 1, 2015, in the amount of \$2,495.00. There was not sufficient documentation in the file to determine whether the funds disbursed for services that fit into one of the five program components: street outreach, emergency shelter, homelessness prevention, rapid re-housing assistance, and data collection through HMIS.

The recipient for the fifth transaction we analyzed was the Emp of Cadillac, LLC, a landlord that operates the Royal Gardens Apartments in Spring Valley. A disbursement from the ESG Program occurred on March 13, 2013, in the amount of \$6,272.00. There was not sufficient documentation in the file to determine whether the funds disbursed were for services that fit into one of the five program components.⁴¹

³⁹ <http://www.centerforsafetyandchange.org/about-us.html>.

⁴⁰ <http://www.legalaidrockland.org/>.

⁴¹ Emp. of Cadillac file, see **Exhibit 8**.

Based on our review of the selected ESG Program funding transactions, sufficient documentation was not provided to indicate which category the expenditure met or who the beneficiary of the expenditure was in accordance with program rules and regulations.

d. Analysis of HOME Program

As part of our forensic investigation, Baker Tilly analyzed 23 HOME Program transactions which totaled \$697,452.60. We examined documentation for each of these funding transactions to determine if they met the requirements set forth in the RCOCD HOME Policies and Procedures Manual.⁴² Our detailed findings for two of the HOME Program funding transactions for which we recommend RCOCD conduct a further review are as follows:

i. Analysis of Esther Gitlow Towers III Funding Transaction

During our selection of transactions from each program for testing, we observed three related funding transactions from the HOME Program:

- A disbursement in the amount of \$400,000 to the “Rockland Home for the Aged” on December 22, 2011.
- A subsequent void of this disbursement on February 1, 2012.
- A disbursement in the amount of \$400,000 to the “Esther Gitlow Towers III” on February 1, 2012.

We were provided with supporting documentation for this funding transaction which included:

- An electronic voucher data print out;

⁴² HOME Investment Partnership Program, Policies and Procedures Manual, Rockland County Office of Community Development.

- A letter from Harvey Tekel, President of Har-Lou Management, to Ms. Jessica Sampson⁴³ (“Ms. Sampson”), employee of RCOCD, indicating that the check previously issued to “Rockland Home for the Aged” for the new construction of the Esther Gitlow Towers III would have to be re-issued to the order of “Esther Gitlow Towers III”;
- A photocopy of the original check; and
- A standard County of Rockland voucher.⁴⁴

As described in the letter and voucher, the HOME Program funds were to be used for “pre-development.” We requested additional documentation on the file to understand the specific purpose of the funds, however, Ms. Szachewicz Hill indicated that she was unable to locate any additional documentation. Ms. Szachewicz Hill did indicate that in 2007, another transaction for the same amount was drawn from the CDBG program for “Esther Gitlow Towers II,” a different project from the same organization. We researched the project names and were unable to locate any new buildings added to the pre-existing Rockland Home for the Aged complex since late 2009.

As part of our investigation, we further reviewed the Tax Form 990s for the Esther Gitlow Towers III Housing Development Corp. which revealed that the entity had no reportable financial activity.⁴⁵ This is inconsistent with the alleged receipt of the pre-construction funds. Dr. Jennings and Ms. Szachewicz Hill were able to locate an unsigned and incomplete subrecipient agreement for the project, dated September 2010. It did not contain any additional information on the project. Dr. Jennings discussed this funding transaction with two employees,

⁴³ Ms. Jessica Sampson’s name is incorrectly spelled in the letter as “Hampson.”

⁴⁴ Esther Gitlow Towers vouchers, see **Exhibit 9**.

⁴⁵ Esther Gitlow Towers Tax Form 990s for 2012, 2013, and 2014, see **Exhibit 10**.

Ms. Sampson and Ms. Frank, for any information they had regarding the location of the building or where the files would be containing the construction plans or any other documents reviewed when making the decision to disburse the funding.

Ms. Sampson provided us with a folder for the older project “Esther Gitlow Towers II Housing Development Corp.” She also provided us with a list of three addresses and indicated the new construction might be at one of those locations. Our research indicated that each address was for senior living buildings that existed several years before 2012.

Ms. Frank provided us with a box that had files for that year, however, we were only able to locate an application for funding that was primarily blank. She also provided us with an environmental site assessment performed by Ecosystems Strategies, Inc., in 2008.⁴⁶ The binder contains a site map which illustrates where a “Proposed Esther Gitlow Tower III” would be located with respect to the pre-existing buildings.⁴⁷ We analyzed the proposed site on Google Earth and confirmed that this site was not constructed upon.

We did find that a website hosted by Brooker Engineering, based in Suffern, New York, lists the Esther Gitlow Towers III project in their portfolio.⁴⁸ The case study states:

“...This new building will be the third apartment building in an existing senior housing complex. The project required the reconfiguration of the existing parking lots and site access. In addition to approvals from the Village of Suffern, approval was required from the New York State Department of Transportation, Army Corps of Engineers and Rockland County Department of Health. Brooker Engineering provided site plan design

⁴⁶ Esther Gitlow Towers sitemap, see **Exhibit 11**.

⁴⁷ Esther Gitlow Towers Google Earth search, see **Exhibit 12**.

⁴⁸ Esther Gitlow Towers - Brooker Engineering Case Study, see **Exhibit 13**.

services for the project, which has been approved by the Village of Suffern and is scheduled for construction in 2015.”

However, we have not uncovered any further evidence that construction on this building was started or completed. Based on the information provided, there is no documentation on file to support the \$400,000 disbursement to the Esther Gitlow Towers III project.

ii. *Analysis of Disbursement Paid to a RCOCD Employee*

During this investigation, Ms. Szachewicz Hill found a questionable voucher while looking for documents from our selection list. The voucher listed payment in the amount of \$2,023.00 to [REDACTED] for “FSS Final Disbursement.”⁴⁹ Dr. Jennings indicated that she believes the “FSS” stands for Family Self-Sufficiency, which is a HUD Section 8 Home Ownership Program.⁵⁰

The voucher was signed [REDACTED]
[REDACTED], and certified by [REDACTED]
[REDACTED]. Upon reviewing the disbursement in the data provided by Ms. Szachewicz Hill, we found that it was actually issued through the HOME Program funds. A Section 8 disbursement would not require a purchase voucher because the funds would be paid by New York State and not Rockland County’s purchasing department. Attached to the voucher is a note (without a name as to who wrote it) indicating:

“Special payment processed on December 7, 2010 but payee information was incorrect.

Mistakenly paid to NYS HFTC

Should have been paid to [REDACTED].”

⁴⁹ HOME Program Disbursement to Employee, see **Exhibit 14**.

⁵⁰ https://portal.hud.gov/hudportal/HUD?src=/program_offices/public_indian_housing/programs/hcv/fss

On file, we did find that [REDACTED] was a recipient of FSS funds. However, this amount disbursed to her appears to be a separate amount and non-FSS funds, without any proper supporting documentation.

e. **Analysis of HOPWA Program**

Baker Tilly examined four transactions totaling \$121,080 which were recorded to the HOPWA Program.

According to the HOPWA TBRA Program Guidelines: “Eligible households for the HOPWA TBRA program must have adjusted household income below 60% of Rockland County’s median income adjusted for their family size. Additionally, assistance through the HOPWA TBRA Program will be restricted to Rockland County residents.”⁵¹

The documentation for these four transactions, discussed in more detail below, does not include an indication of the adjusted household income or support that the recipient is a Rockland County resident.⁵² As such it would not be possible to determine if these stipulations were followed.

The first transaction we analyzed occurred on April 17, 2009, in the amount of \$7,312.00. The recipient of the HOPWA Program funds was Spring Valley Redevelopment, a landlord, which provided an invoice detailing one month’s rent for nine tenants. The tenant’s names were included.

The second transaction occurred on December 22, 2009, in the amount of \$11,565.75. The recipient was listed as the Rockland County – Department of Social Services. We were

⁵¹ HOPWA TBRA Program Guidelines.

⁵² Administrative Policy and Procedures, HOME Investment Partnership Program and the Housing Opportunities for Persons with AIDS, dated July 1, 2006.

provided with a general ledger system printout from the Rockland County – Finance Department.

The printout indicates that the amount was for the “rapid re-housing program,” which is part of the ESG Program, however, it does not provide any additional detail.

The third transaction occurred on May 26, 2010, in the amount of \$10,210.00. The recipient, Candlewood Suites, is a hotel chain. Attached to the payment voucher is an e-mail from the New York State – Department of Family Service providing names of fifteen individuals and a status update on their room and board needs. The Rockland County voucher described the costs as covering three rooms for June and May.

The fourth transaction, described as an advance payment, occurred on March 21, 2011, in the amount of \$100,000.00.⁵³ The recipient was the Legal Aid Society of Rockland County. We requested and received a folder containing all documentation for the Legal Aid Society of Rockland County. We examined documentation for 88 transactions totaling \$1,637,356.18, each of which was recorded during the 2009 – 2016 fiscal years. However, there were no invoices for services that were charged against the \$100,000 advance. As such, we were unable to identify what services were provided for by the advance.

f. Analysis of Payment Voucher to RCOCD Employee

During our investigation, we were provided with a payment voucher dated May 2, 2007, discovered by Dr. Jennings and Ms. Szachewicz Hill, in the amount of \$2,013.95 for an electrical utility bill.⁵⁴ Attached to the voucher as supporting documentation is an electrical utility bill with the customer’s name redacted. The address is [REDACTED]

[REDACTED] We have been informed that this is the address for former employee, [REDACTED]

⁵³ Legal Aid Society of Rockland Advance Payment, see **Exhibit 15**.

⁵⁴ Utility Bill Payment, see **Exhibit 16**.

██████████ We performed a background check on the address and confirmed that it was occupied by this individual at that time and that during this time frame she was also an employee of the RCOCD.

III. CONCLUSIONS

In summary, our investigation identified several occurrences of inappropriate activities within the programs managed by the RCOCD. We reviewed program administration and record keeping and documentation controls and identified that proper documentation was not obtained for all funding transactions. We also could not determine, based on a review of RCOCD files, whether all funding transactions were made for eligible activities and/or in accordance with HUD rules and regulations.

We also identified several transactions for which we advise further review by the Rockland County Legal Department, specifically:

- We identified two cases (one through the HOME Program and another through the CDBG Program) where a different employee of Rockland County received funds through RCOCD without any supporting documentation or valid reason to support the loan application(s);
- We identified an HOPWA Program grant, which was described as a \$100,000 advance, that had no supporting documentation for use of the funds; and
- We identified a \$400,000 HOME Program grant for a senior housing project that had no supporting documentation for use of the funds.

IV. RECOMMENDATIONS

Baker Tilly completed its forensic investigation related to inappropriate or fraudulent activities that occurred within the community development programs managed by the RCOCD.

Based on our investigation procedures, we have identified recommendations to help improve the operations and lower the risk that inappropriate activity could occur in the future. The following sections will address the observations and recommendations to help improve the application process and administrative functions at RCOCD. We believe that by demonstrating an understanding of the importance of improving internal controls to improve operations and a willingness to review and revise policies and procedures with that end in mind, RCOCD and Rockland County can maximize the benefits of overall administration of the programs. The following are Baker Tilly's recommendations to the County of Rockland:

1. We recommend that RCOCD develop clear written policies for each loan program.

Employees reviewing the applications should utilize a checklist to ensure loan files are complete. We recommend adding an effective date to the policy and the supporting attachments to be clear on the implementation date. Additionally, the policies should clearly set forth that any discrepancies between information provided in applications and the supporting documentation should be investigated.

2. We also recommend that RCOCD have a designated individual in charge of training at every training session and every testing session that takes place. This individual should be knowledgeable in all program rules and industry regulations and ensure compliance with same of all RCOCD employees. It should be the responsibility comprised of one or

two employees at RCOCD, whom are in a position of authority and preferably have no personal interest in the respective loans to avoid any preferential treatments. Employee training materials should include a sample of a completed application packet, application renewal, proper certificates that is needed, regulatory training, as well as any current training that is provided. All training should be approved by the individual(s) in charge of all training.

3. In regards to specific programs, we recommend that RCOCD develop a written policy and procedure for properly identifying internal project codes for each community development programs that are easily discernible.
4. We recommend the City to keep records by year in each applicant's folder to ensure the timely annual renewal application for Section 8 Program has been completed and properly documented and is not omitting any supporting documents.
5. We recommend the RCOCD establishes and maintains adequate loan files and records in a manner and format that is conducive to the performance of an audit. Based on the documentation reviewed, we found there were multiple instances where the loan files were not labeled, or improperly labeled. Implementing the appropriate procedures will ensure the population selected for sampling is representative of the total.
6. We recommend the RCOCD utilize additional resources, specifically personnel with strong accounting backgrounds to review the contracts and loan documentation, to ensure the integrity of the programs.

7. We recommend the RCOCD utilize additional resources, specifically an individual with a strong legal background, to ensure there are adequate controls in place related to the programs compliance with laws and regulations.
8. We have reviewed the documentation on file for the \$400,000 expenditure on February 1, 2012 for the Esther Gitlow Towers III project pre-development costs. Based on the documentation, we found that the financial statements do not show receipt or use of the funds, and there is no indication that the building was constructed. We recommend that RCOCD contact the Har-Lou Management and Rockland Home for the Aged organizations to request documentation on the costs paid by the grant.
9. We reviewed the microloan to PAL Auto. We found that the loan was collateralized by a non-owner of the business. The microloan to PAL Auto may still have an outstanding balance. We recommend that the RCOCD investigate if any remaining balance can be collected, and if it was legal for the non-owner to pledge collateral.
10. We recommend that RCOCD investigate the payment of the \$2,013.95 electrical utility bill which appears to have been paid for the benefit of former employee [REDACTED]. We further recommend that if the expenditure does not conform to any legitimate policy, that RCOCD attempt to collect reimbursement for the expenditure.

11. We recommend that RCOCD investigate the practices of SBFG, and determine if there is any contract or agreement whereby SBFG was given permission to conduct the microloan activity.
12. We recommend that RCOCD investigate the \$20,569 in purchases made by SBFG for business equipment, to determine if these expenditures conformed to a legitimate use. We reviewed the documentation provided, but were unable to identify the usage of this equipment as well as who currently is in possession of the equipment.
13. We recommend that RCOCD recommend whether the \$2,023 disbursement to employee [REDACTED] is a legitimate expenditure, and if it is not, we recommend that RCOCD seek reimbursement.
14. We recommend that RCOCD conduct a further review of the following ESG Program transactions to determine who the recipients were and if they met the criteria for homelessness:

Charge Code in Disbursement Spreadsheet	Transaction Date	Amount	Recipient
ES2012	3/13/2013	\$6,272.00	Emp Of Cadillac LLC
ES2011	10/1/2015	\$2,495.00	Legal Aid Society Of Rockland County
ES2008	1/20/2009	\$68,019.35	Center for Safety & Change Inc.

15. In our examination of the HOPWA program, we noted a \$100,000 advance to Legal Aid Society RC. We examined all available documentation for this program for the 2009 – 2016 fiscal years, and were unable to locate any services which were charged against this advance. We recommend that RCOCD further investigate the advance, and determine if this can be refunded from Legal Aid Society RC or used as a credit or reduction towards future payments from the organization.
16. We further noted in our examination of the HOPWA program, that the documentation for these four transactions does not include an indication of the adjusted household income or support that the recipient is a Rockland County resident. We recommend that RCOCD further investigate if the beneficiaries of these services met the HOPWA criteria.

Charge Code in Disbursement Spreadsheet	Transaction Date	Amount	Recipient
HP2008	4/17/2009	\$7,312.00	Spring Valley Redevelopment
HPRP02	12/22/2009	\$11,565.75	County Of Rockland
HPRP02	5/26/2010	\$10,210.00	Candlewood Suites
HPRP02	3/21/2011	\$100,000.00	Legal Aid Society Of Rockland County

* * * * *

The procedures performed were limited to those described herein based on the documents provided to date and other information obtained. Information obtained subsequent to the date of this letter may affect our analysis and this effect may be material. If requested, we will update our analysis.

Our procedures were performed solely with respect to the above referenced engagement. Any findings included herein are dependent upon the specific facts and circumstances in the present matter and cannot be applied to other situations or disputes. This report is not to be reproduced, distributed, disclosed or used for any other purpose without our approval.

Respectfully submitted,

Brian P. Sanvidge, CIG, CFE

EXHIBIT 1



Brian P. Sanvidge, CIG, CFE

Principal

212 792 4836

brian.sanvidge@bakertilly.com

Brian has over 33 years of experience working with businesses on labor investigations, fraud investigations, disaster recovery, and business continuity. Brian translates his 25 years of government experience to providing litigation and monitorship services within the construction, hospitality, and healthcare/pharmaceutical industries. Brian is a Certified Inspector General based in New York, and has lectured nationally on labor law, business fraud, white-collar crime, and tax fraud, as well as regulatory compliance and government investigations for groups including the New York State Surrogate Bench as well as several bar associations.

Specific experience

- > Inspector General for twelve years (ten of which for the New York State Department of Labor (DOL)), overseeing the civil and criminal investigations conducted by the department
- > Certified Inspector General since August, 2010
- > Retained as an expert on behalf of the government for several cases
- > Oversaw 5,000 civil and criminal investigations conducted by the Department of Labor that resulted in criminal convictions and civil restitutions of \$250 million
- > Qualified as an expert witness in financial crimes in the State and Federal court systems as well as in American Arbitrations Association (AAA) arbitrations
- > Supports employee classifications, public work, and wage and hour disputes
- > Aids local, county and state government investigations and/or monitorship cases
- > Works with multiple Women Owned Minority businesses
- > Supervises data analysis and computer forensic techniques to uncover defensible information
- > Supports large-scale government monitorship cases, some as large as \$1 billion dollars
- > Supports external and internal legal counsel government investigations, government compliance, forensic accounting and investigations
- > Assists in fraud cases related to labor, construction, healthcare and not-for-profit
- > Provided investigation into Global 50 healthcare company with \$7 million in questioned costs

EXHIBIT 1



Resume, continued

- > In December 2013, was honored to be included among the Who's Who of Forensic Accountants, by Long Island Business News

Industry involvement

- > Association of Inspectors General
- > Association of Certified Fraud Examiners
- > National Association of Criminal Defense Lawyers (NACD)
- > American Bar Association
- > Citizen's Budget Commission - Trustee
- > International Association of Independent Private Sector Inspectors General
- > National White Collar Crime Center - Certified Financial Records Expert Witness
- > New York Metro InfraGard Alliance - Secure member
- > American Society for Industrial Security

National Education

State University of New York at Albany
Bachelor of Arts in Political Science



Amy Slevinski, CFE, MFS

Manager

703 923 8420

amy.slevinski@bakertilly.com

Amy is a manager in our Forensic, Litigation, and Valuation Services practice and has been with the firm since 2011. She has ten years of experience in forensic investigations, fraud risk management, litigation support, digital forensics, and data analytics. Amy has worked with clients across a wide variety of industries including higher education, not for profits, government contracting, financial services, the federal government, real estate/construction, and telecommunications.

Specific experience

- > Performs investigations into allegations of fraud or misconduct for public and private entities on behalf of internal or external counsel, chief audit executives, and other senior leaders
- > Provides guidance to clients regarding the management of fraud risk including, but not limited to performing fraud risk assessments, assessing anti-fraud programs and controls, facilitating fraud awareness and training, and developing reporting processes and procedures
- > Consults with clients on digital forensic and e-discovery needs such as the acquisition, preservation, and analysis of electronic evidence in support of investigations or litigation
- > Performs data analytics using Audimation's IDEA software to detect potential indicators of fraud or misconduct and assists clients with implementing continuous monitoring programs
- > Assists global entities with compliance assessments and investigations pertaining to the Foreign Corrupt Practices Act (FCPA)

Industry involvement

- > American Bar Association (ABA)
- > Association of Certified Money Laundering Specialists (ACAMS)
- > Association of Certified Fraud Examiners (ACFE)
- > Institute of Internal Auditors (IIA)
- > Women in eDiscovery



Resume, continued

Amy Slevinski, page 2

Presentations and publications

- > Co-presented "From Wedding Bells to Prison Cells: A Case Study in Not-for-Profit Diversion of Assets", US Trust / Bank of America Webinar Series (August 2014)
- > Co-presented "Taking the Fear out of IT Fraud" Association of Certified Fraud Examiners – DC Chapter (January 2014)
- > Co-presented "Don't Forget Your Deposition is in the Morning! Are You Ready?" National Association of Construction Auditors Annual Conference (September 2012)
- > Co-presented "Computer Forensics – Process and Pitfalls" Women in eDiscovery – DC Chapter Meeting (January 2007)
- > Authored "Data Speaks: What Does It Say About Your Organization?" Protiviti KnowledgeLeader© series (2006)

Education

George Washington University
Master of Forensic Science in High Technology Crime Investigation

University of Pittsburgh
Bachelor of Science in Business Management/MIS



Resume

EXHIBIT 1



BAKER TILLY



Matthew L. O'Leary, CPA/CFF/CITP, CFE

Senior Consultant

212 792 6108

matthew.oleary@bakertilly.com

Matthew is a senior consultant in the firm's forensic, litigation, and valuation services group since 2013. His forensic experience includes digital forensic analysis, white-collar crime investigations, and tax fraud investigations. Besides fraud experience, he offers accounting, and tax experience, as well as experience in data analysis and database management. Prior to becoming forensic accountant, Matt worked as a financial auditor.

Specific experience

- > Performed compilation, review and audit engagements for clients in various industries, including healthcare, non-profit, distribution, logistics, apparel, food and beverage, investment companies, and 401(k) plans, prior to becoming forensic accountant
- > Assisted in the development and management of several recordkeeping and investigative databases used for security and employee related matters
- > Designed and improved Microsoft Access database applications
- > Managed database projects and trained personnel in database management and design

Industry involvement

- > New York State Society of Certified Public Accountants
- > American Institute of Certified Public Accountants
- > Association of Certified Fraud Examiners

Education

St. John's University
Master of Science in Accounting
Bachelor of Science in Accounting



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Resume

EXHIBIT 1



BAKER TILLY



Diana Tsang

Staff Consultant

646 776 6312
diana.tsang@bakertilly.com

Diana is a staff consultant in the New York office of the firm's forensic, litigation and valuation services practice. Prior to joining Baker Tilly in 2015, she worked as a staff accountant and then as a senior accountant for more than six years at two New York-based accounting and tax services firms. She has experience with international taxation and with managing tax and accounting engagements for multi-million dollar clients in the clothing and manufacturing industries.

Specific experience

- > Prepares, amends, and reviews foreign and domestic federal and state tax returns in accordance to the US Tax Laws while collaborating directly with upper management and CPAs to research and analyze US GAAP and IFRS
- > Prepare and file foreign reporting documents such as Form 5471, 5472, 1042, foreign earned income exclusion 2555, Form 8938, foreign tax credit 1116, FBAR, Form 8802 and Form 6166
- > Prepares, amends, and ensures monthly, quarterly, and annual sales tax returns are prepared and filed in a timely and accurate manner for multiple states and cities along with specific tax such as Commercial Rent Tax
- > Performs and assists in inter-company reconciliations between foreign parent companies and local subsidiaries
- > Communicates extensively with the government agencies such as the IRS in regards to government notices, employees, customers, and bank representatives
- > Prepares and completes adjusting journal entries, inventory valuations and bank and sales reconciliations

Industry involvement

- > American Institute of Certified Public Accountants

Education

Brooklyn College
Bachelor of Science in Accounting and Business, Management & Finance



an independent member of
BAKER TILLY
INTERNATIONAL

**PRIVILEGED AND CONFIDENTIAL
ATTORNEY CLIENT WORK PRODUCT**

EXHIBIT 2

*County of Rockland***Rockland County Office of Community Development ("RCOCD")****Summary of Community Development Expenditures****2009-2016**

Program Names ⁽¹⁾	RCOCD Internal Coding ^(a)	No. of Files	2009	2010	2011	2012	2013	2014	2015	2016	Total
CDBG Program											
Microloan Program	CD	810	\$ 2,121,934	\$ 2,222,023	\$ 3,060,119	\$ 2,659,636	\$ 1,496,783	\$ 1,413,717	\$ 2,216,632	\$ 1,553,669	\$ 16,744,514
Section 108 Program	SC	125	1,198,282	91,666	-	999,173	1,469,066	514,210	131,377	123,076	4,526,850
Section 8	SH	743	124,099	743,825	116,994	309,185	327,726	550,048	417,939	363,018	2,952,833
ESG Program	ES	101	142,085	101,732	34,694	62,225	91,265	183,959	260,198	159,495	1,035,654
HOME Program	HM	703	1,072,387	523,969	857,464	473,478	576,966	495,780	226,914	433,765	4,660,722
HOPWA Program	HP	1,442	378,140	909,330	704,614	435,405	713,125	370,692	299,685	247,761	4,058,752
Ryan White ^(b)	RW	637	114,772	34,520	31,231	-	-	-	-	-	180,523
Other ^(c)	FR/99	4	-	-	(393)	2,413	(2,486)	-	-	-	(466)
Total		4,565	\$ 5,151,699	\$ 4,627,064	\$ 4,804,722	\$ 4,941,515	\$ 4,672,446	\$ 3,528,407	\$ 3,552,744	\$ 2,880,783	\$ 34,159,381

Source:⁽¹⁾ F Fund – Community Development Expenditures prepared by County of Rockland.**Notes:**^(a) RCOCD internally identifies each program by the first two letters such as CD, ES, HM, HP, RW, SC, or SH followed by a unique four digit number for each applicant.^(b) Baker Tilly was not provided with samples from this loan program.^(c) RCOCD internally identifies additional programs as FR and 99 which are unrelated to the community development programs.

EXHIBIT 3

TELEPHONE
(845) 638-5418

EXHIBIT 3
STANDARD VOUCHER

VOUCHER No. 983619

COUNTY OF ROCKLAND
COUNTY OFFICE BUILDING, NEW CITY, N. Y. 10956

Claimant:

Homes for Heroes, Inc

Taxpayer Identification No. 26-4526324

(Federal Tax Id or SSN) PAYMENT WILL NOT BE MADE WITHOUT A TAXPAYER ID NUMBER

Date: 4/3/12

One Blue Hill Plaza

P. O. Box 1648

Prent River NY 10965

FOR INTERNAL USE ONLY

Acct Period: / /
(Optional)

Document Total:

Single Check?
(Optional)

Scheduled Pay Date / /
(Optional)

Vendor's Reference Data Invoice No.

Date

Note: ACCOUNTING INFORMATION NOT NECESSARY IF REFERENCING AN ENCUMBRANCE

DESCRIPTION	Quantity	Unit	Unit Price	Amount	Ref Trans Code/ Ref Trans Number	Ref Line	Comm Line	Fnd	Agency	Org	Object	Project No. (Capital Projects)	Amount
Asbestos Abatement Service for Homes for Heroes (See invoice attached)				67,000.00					F	CD	9995E4010	HM2010	\$ 67,000

CLAIMANTS CERTIFICATION

I, Thomas Zimmerman CERTIFY
THAT THE ABOVE ACCOUNT
IN THE AMOUNT OF \$ 67,000.00

IS
TRUE AND CORRECT, THAT THE SERVICES, MATERIALS, SUPPLIES, OR
EQUIPMENT WERE ACTUALLY RENDERED OR DELIVERED AND/OR THE
DISBURSEMENTS ACTUALLY AND NECESSARILY MADE, AND THAT THE
AMOUNT CLAIMED REMAINS DUE, OWING AND UNPAID, AND NO PART
HEREOF HAS BEEN PAID OR SATISFIED

SURE [Signature] DATE 02-17-12

TOTAL 67,000.00

INSTRUCTIONS
TO CLAIMANT

1. Details of claim must be specified in description space and/or you may refer to, and attach, your invoice
2. Supporting documents for requested reimbursement of expenses must be attached.
3. The original and duplicate copies shall be forwarded to the Department of Finance at the above address.

I HEREBY CERTIFY THAT THE MERCHANDISE
ENUMERATED IN THE ABOVE ACCOUNT(S) HAS BEEN
RECEIVED AND/OR THE SERVICES SPECIFIED PERFORMED
AND/OR THE EXPENSES CLAIMED HAVE BEEN INCURRED,
AND I APPROVE THIS CLAIM FOR PAYMENT.

Department Receiving Clerk

[Signature]

Authorized Department Official

Payment

Department of Finance

Date

4/3/12

Date

Date

PRIVILEGED AND CONFIDENTIAL
ATTORNEY-CLIENT WORK PRODUCT

EXHIBIT 3
ROCKLAND COUNTY OFFICE OF COMMUNITY DEVELOPMENT

HOME INVESTMENT PARTNERSHIP PROGRAM VOUCHER

DATE 04/18/12

PROJECT SPONSOR HOMES FOR HEROES INC.

PROGRAM YEAR 2010

HOME

VOUCHER NUMBER 983622, THE _____

VOUCHER FOR THIS ITEM. WORK ON THE ABOVE CONTRACT IS COVERED BY THE HOME INVESTMENT PARTNERSHIP PROGRAM.

TOTAL ALLOCATED	\$	375,000.00
TOTAL PREVIOUSLY REQUESTED	\$	<u>82,500.00</u>
BALANCE TO DATE	\$	292,500.00
AMOUNT OF ENCLOSED VOUCHERS	\$	<u>22,000.00</u>
BALANCE REMAINING	\$	270,500.00

AS THE ABOVE TABULATION SHOWS A BALANCE TO DATE IN THE HOME ALLOCATION, PLEASE UTILIZE OUR LETTER OF CREDIT TO PAY THE ATTACHED.

Voucher Entry	
Projects Information	
Project Business Unit:	<u>COR01</u>
Project:	<u>HM2010</u>
Activity:	<u>GEN</u>
Source Type:	<u>CD</u>
Category:	<u>OTH</u>
Subcategory:	_____

FOR IDIS USE ONLY

VOUCHER # _____

HUD ACCT # 1419

PRIVILEGED AND CONFIDENTIAL
ATTORNEY CLIENT WORK PRODUCT

TELEPHONE
(845) 638-5418

EXHIBIT 3
STANDARD VOUCHER

VOUCHER
No. 983622

COUNTY OF ROCKLAND
COUNTY OFFICE BUILDING, NEW CITY, N. Y. 10956

Claimant: Home for Heroes Inc.

Taxpayer Identification No. 26-4526324 Date: / /
(Federal Tax Id or SSN) PAYMENT WILL NOT BE MADE WITHOUT A TAXPAYER ID NUMBER

One Blue Hill Plaza

P.O. Box 1648

Pearl River, NY 10965

FOR INTERNAL USE ONLY

Acct Period: / /
(Optional)

Document Total:

Single Check?
(Optional)

Scheduled Pay Date / /
(Optional)

Vendor's Reference Data Invoice No.

Date

Note: ACCOUNTING INFORMATION NOT NECESSARY IF REFERENCING AN ENCUMBRANCE

DESCRIPTION	Quantity	Unit	Unit Price	Amount	Ref Trans Code/ Ref Trans Number	Ref Line	Comm Line	Fnd	Agency	Org	Object	Project No. (Capital Projects)	Amount
Architect's Service for Home for Heroes				22,000					F	CD	9995EL090	HM2010	22,000.00

CLAIMANTS CERTIFICATION

I, Thomas Zimmerman CERTIFY
THAT THE ABOVE ACCOUNT
IN THE AMOUNT OF \$ 22,000

IS
TRUE AND CORRECT, THAT THE SERVICES, MATERIALS, SUPPLIES, OR
EQUIPMENT WERE ACTUALLY RENDERED OR DELIVERED AND/OR THE
DISBURSEMENTS ACTUALLY AND NECESSARILY MADE, AND THAT THE
AMOUNT CLAIMED REMAINS DUE: OWING AND UNPAID, AND NO PART
THEREOF HAS BEEN PAID OR SATISFIED.

SIGNATURE [Signature] DATE 4-12-12

TITLE CEO

TOTAL 22,000

INSTRUCTIONS
TO CLAIMANT

1. Details of claim must be specified in description space and/or you may refer to, and attach, your invoice.
2. Supporting documents for requested reimbursement of expenses must be attached.
3. Certification must be signed in ink.
4. The original and duplicate copies shall be forwarded to the Department of Finance at the above address.

I HEREBY CERTIFY THAT THE MERCHANDISE
ENUMERATED IN THE ABOVE ACCOUNT(S) HAS BEEN
RECEIVED AND/OR THE SERVICES SPECIFIED PERFORMED
AND/OR THE EXPENSES CLAIMED HAVE BEEN INCURRED,
AND I APPROVE THIS CLAIM FOR PAYMENT.

Department Receiving Clerk [Signature] Date 4/19/12
Authorized Department Official [Signature] Date / /

Payment
Approved

Department of Finance

PRIVILEGED AND CONFIDENTIAL
ATTORNEY CLIENT WORK PRODUCT
ORIGINAL-DEPARTMENT OF FINANCE

EXHIBIT 3

ROCKLAND COUNTY OFFICE OF COMMUNITY DEVELOPMENT HOME INVESTMENT PARTNERSHIP PROGRAM VOUCHER

DATE 05/01/12
PROJECT SPONSOR HOMES FOR HEROES INC.
PROGRAM YEAR 2010
HOME

VOUCHER NUMBER 983623 THE 4th

VOUCHER FOR THIS ITEM. WORK ON THE ABOVE CONTRACT IS COVERED BY THE HOME INVESTMENT PARTNERSHIP PROGRAM.

TOTAL ALLOCATED	\$	375,000.00
TOTAL PREVIOUSLY REQUESTED	\$	<u>104,500.00</u>
BALANCE TO DATE	\$	270,500.00
AMOUNT OF ENCLOSED VOUCHERS	\$	<u>54,194.61</u>
BALANCE REMAINING	\$	216,305.39

AS THE ABOVE TABULATION SHOWS A BALANCE TO DATE IN THE HOME ALLOCATION, PLEASE UTILIZE OUR LETTER OF CREDIT TO PAY THE ATTACHED.

Voucher Entry Projects Information

Project Business Unit: COR01
Project: HM2010
Activity: GEN
Source Type: CD
Category: OTH
Subcategory:

FOR IDIS USE ONLY

VOUCHER #
HUD ACCT # 1419

**PRIVILEGED AND CONFIDENTIAL
ATTORNEY CLIENT WORK PRODUCT**

TELEPHONE
(845) 638-5418

EXHIBIT 3
STANDARD VOUCHER

VOUCHER
No. 983623

COUNTY OF ROCKLAND
COUNTY OFFICE BUILDING, NEW CITY, N. Y. 10956

Claimant: Homes for Heroes, Inc.

Taxpayer Identification No. 26-4526324 Date: / /
(Federal Tax Id or SSN) PAYMENT WILL NOT BE MADE WITHOUT A TAXPAYER ID NUMBER

One Blue Hill Plaza

P.O. Box 1648

Pearl River, NY 10965

APPROVED &

MAY - 9 2012

DEPT OF FINANCE

ENTER

Acct Period: / /
(Optional)

Single Check?
(Optional)

Vendor's Reference Data

Invoice No.

Date

FOR INTERNAL USE ONLY

Document Total:

Scheduled Pay Date / /
(Optional)

Note: ACCOUNTING INFORMATION NOT NECESSARY IF REFERENCING AN ENCUMBRANCE

DESCRIPTION	Quantity	Unit	Unit Price	Amount	Ref Trans Code/ Ref Trans Number	Ref Line	Comm Line	Fnd	Agency	Org	Object	Project No. (Capital Projects)	Amount
Home Fund for Professional Service for Homes for Heroes													
Michael Shilale Architects				10,623.31									
AKRF													
AKRF Environmental				15,355.30									
DAVID Howe PC				1,211.00									
J.R. Celentano Land Surveying				5,000.00									
Site Plan													
Excelsior Housing Group													
Housing Consultant				22.005									

CLAIMANTS CERTIFICATION
Thomas Zimmerman CERTIFY
HAT THE ABOVE ACCOUNT
THE AMOUNT OF \$ 54,194.61 IS
TRUE AND CORRECT, THAT THE SERVICES, MATERIALS, SUPPLIES, OR
EQUIPMENT WERE ACTUALLY RENDERED OR DELIVERED AND/OR THE
BURSEMENTS ACTUALLY AND NECESSARILY MADE, AND THAT THE
MOUNT CLAIMED REMAINS DUE: OWING AND UNPAID, AND NO PART
HEREOF HAS BEEN PAID OR SATISFIED.

SIGNATURE [Signature] DATE / /

NAME C.E.O.

TOTAL 54,194.61

INSTRUCTIONS
TO CLAIMANT

- Details of claim must be specified in description space and/or you may refer to, and attach, your invoice.
- Supporting documents for requested reimbursement of expenses must be attached.
- Portion of amount left must be signed in ink.
- The original and duplicate copies shall be forwarded to the Department of Finance at the above address.

I HEREBY CERTIFY THAT THE MERCHANDISE
ENUMERATED IN THE ABOVE ACCOUNT(S) HAS BEEN
RECEIVED AND/OR THE SERVICES SPECIFIED PERFORMED
AND/OR THE EXPENSES CLAIMED HAVE BEEN INCURRED,
AND I APPROVE THIS CLAIM FOR PAYMENT.

Department Receiving Clerk [Signature] Date 4/24/12
Authorized Department Official [Signature] Date / /

Payment
Approved

PRIVILEGED AND CONFIDENTIAL
ATTORNEY CLIENT WORK PRODUCT
ORIGINAL-DEPARTMENT OF FINANCE

EXHIBIT 3

ROCKLAND COUNTY OFFICE OF COMMUNITY DEVELOPMENT

HOME INVESTMENT PARTNERSHIP PROGRAM VOUCHER

DATE 08/29/12
PROJECT SPONSOR HOMES FOR HEROES INC.
PROGRAM YEAR 2010
HOME

VOUCHER NUMBER 029258 THE _____

VOUCHER FOR THIS ITEM. WORK ON THE ABOVE CONTRACT IS COVERED BY THE HOME INVESTMENT PARTNERSHIP PROGRAM.

TOTAL ALLOCATED	\$	375,000.00
TOTAL PREVIOUSLY REQUESTED	\$	<u>158,694.61</u>
BALANCE TO DATE	\$	216,305.39
AMOUNT OF ENCLOSED VOUCHERS	\$	<u>10,010.26</u>
BALANCE REMAINING	\$	206,295.13

AS THE ABOVE TABULATION SHOWS A BALANCE TO DATE IN THE HOME ALLOCATION, PLEASE UTILIZE OUR LETTER OF CREDIT TO PAY THE ATTACHED.

Voucher Entry Projects Information

Project Business Unit: COR01
Project: HM2010
Activity: GEN
Source Type: CD
Category: OTH
Subcategory: _____

FOR IDIS USE ONLY

VOUCHER # _____

HUD ACCT # 1419

PRIVILEGED AND CONFIDENTIAL
ATTORNEY CLIENT WORK PRODUCT

EXHIBIT 3

VOUCHER No. 029258

COUNTY OF ROCKLAND COUNTY OFFICE BUILDING, NEW CITY, N. Y. 10956

Taxpayer Identification No. 264526324 Date: 8/21/12
(Federal Tax Id or SSN) PAYMENT WILL NOT BE MADE WITHOUT A TAXPAYER ID NUMBER

Claimant:

Homes for Heroes
One Blue Hill Plaza
P.O. Box 1648
Pearl River NY 10965

FOR INTERNAL USE ONLY

Acct Period: / /
(Optional)

Document Total:

Single Check?
(Optional)

Scheduled Pay Date / /
(Optional)

Vendor's Reference Data Invoice No.

Date

Note: ACCOUNTING INFORMATION NOT NECESSARY IF REFERENCING AN ENCUMBRANCE

DESCRIPTION	Quantity	Unit	Unit Price	Amount	Ref Trans Code/ Ref Trans Number	Ref Line	Comm Line	Fnd	Agency	Org	Object	Project No. (Capital Projects)	Amount
Home fund for Professional Service for Homes for Heroes									F	CD	9995	E4010	HM2010
Michael Skilate Architects				10,010.26									\$10,010.26

DEPT OF FINANCE
SEP 12 2012
APPROVED & ENTER

CLAIMANTS CERTIFICATION

I, Thomas Zimmerman CERTIFY
THAT THE ABOVE ACCOUNT
IN THE AMOUNT OF \$ 10,010.26 IS

TRUE AND CORRECT, THAT THE SERVICES, MATERIALS, SUPPLIES, OR
EQUIPMENT WERE ACTUALLY RENDERED OR DELIVERED AND/OR THE
DISBURSEMENTS ACTUALLY AND NECESSARILY MADE, AND THAT THE
AMOUNT CLAIMED REMAINS DUE: OWING AND UNPAID, AND NO PART
THEREOF HAS BEEN PAID OR SATISFIED.

SIGNATURE [Signature] DATE 8-21-12
TITLE C.E.O.

TOTAL 10,010.26

INSTRUCTIONS TO CLAIMANT

- Details of claim must be specified in description space and/or you may refer to, and attach, your invoice.
- Supporting documents for requested reimbursement of expenses must be attached.
- Certification at left must be signed in ink.
- The original and duplicate copies shall be forwarded to the Department of Finance at the above address.

I HEREBY CERTIFY THAT THE MERCHANDISE
ENUMERATED IN THE ABOVE ACCOUNT(S) HAS BEEN
RECEIVED AND/OR THE SERVICES SPECIFIED PERFORMED
AND/OR THE EXPENSES CLAIMED HAVE BEEN INCURRED,
AND I APPROVE THIS CLAIM FOR PAYMENT.

Department Receiving Clerk [Signature] Date
Authorized Department Official [Signature] Date

PRIVILEGED AND CONFIDENTIAL
ORIGINAL-DEPARTMENT OF FINANCE
ATTORNEY CLIENT WORK PRODUCT

ROCKLAND COUNTY OFFICE OF COMMUNITY DEVELOPMENT

EXHIBIT B

HOME INVESTMENT PARTNERSHIP PROGRAM VOUCHER

DATE 09/25/12
 PROJECT SPONSOR HOMES FOR HEROES INC.
 PROGRAM YEAR 2010
HOME

VOUCHER NUMBER 929683 THE 5th

VOUCHER FOR THIS ITEM. WORK ON THE ABOVE CONTRACT IS COVERED BY THE HOME INVESTMENT PARTNERSHIP PROGRAM.

TOTAL ALLOCATED	\$	375,000.00
TOTAL PREVIOUSLY REQUESTED	\$	<u>168,704.87</u>
BALANCE TO DATE	\$	206,295.13
AMOUNT OF ENCLOSED VOUCHERS	\$	<u>10,249.32</u>
BALANCE REMAINING	\$	196,045.81

AS THE ABOVE TABULATION SHOWS A BALANCE TO DATE IN THE HOME ALLOCATION, PLEASE UTILIZE OUR LETTER OF CREDIT TO PAY THE ATTACHED.

Voucher Entry Projects Information

Project Business Unit: COR01
 Project: HM2010
 Activity: GEN
 Source Type: CD
 Category: OTH
 Subcategory: —

FOR IDIS USE ONLY

VOUCHER # _____
 HUD ACCT # 1419

**PRIVILEGED AND CONFIDENTIAL
 ATTORNEY CLIENT WORK PRODUCT**

TELEPHONE
(845) 638-5418

STANDARD VOUCHER **EXHIBIT 3**

VOUCHER
No. 929683

COUNTY OF ROCKLAND
COUNTY OFFICE BUILDING, NEW CITY, N. Y. 10956

Claimant:

Homes for Heroes Inc.

Taxpayer Identification No. 26-4526324

Date: / /

(Federal Tax Id or SSN) PAYMENT WILL NOT BE MADE WITHOUT A TAXPAYER ID NUMBER

One Blue Hill Plaza

P.O. Box 11648

Pearl River NY 10965

FOR INTERNAL USE ONLY

Acct Period: / /
(Optional)

Document Total:

Single Check?
(Optional)

Scheduled Pay Date / /
(Optional)

Vendor's Reference Data

Invoice No.

Date

Note: ACCOUNTING INFORMATION NOT NECESSARY IF REFERENCING AN ENCUMBRANCE

DESCRIPTION	Quantity	Unit	Unit Price	Amount	Ref Trans Code/ Ref Trans Number	Ref Line	Comm Line	Fnd	Agency	Org	Object	Project No. (Capital Projects)	Amount
Home fund for Professional Service for Homes for Heroes Michael Shilale Architects				8,749.32					F	CD	9995E4070	HM2010	\$10,249.32
ARCELENTANO Architects				1,500.00									

CLAIMANTS CERTIFICATION

I, Thomas Zimmerman CERTIFY
THAT THE ABOVE ACCOUNT
IN THE AMOUNT OF \$ 10,249.32 IS

TRUE AND CORRECT, THAT THE SERVICES, MATERIALS, SUPPLIES, OR
EQUIPMENT WERE ACTUALLY RENDERED OR DELIVERED AND/OR THE
DISBURSEMENTS ACTUALLY AND NECESSARILY MADE, AND THAT THE
AMOUNT CLAIMED REMAINS DUE: OWING AND UNPAID, AND NO PART
THEREOF HAS BEEN PAID OR SATISFIED.

SIGNATURE

DATE

TITLE C.E.O. 9-11-12

TOTAL 10,249.32

**INSTRUCTIONS
TO CLAIMANT**

1. Details of claim must be specified in description space and/or you may refer to, and attach, your invoice.
2. Supporting documents for requested reimbursement of expenses must be attached.
3. Certification at left must be signed in ink
4. The original and duplicate copies shall be forwarded to the Department of Finance at the above address.

I HEREBY CERTIFY THAT THE MERCHANDISE
ENUMERATED IN THE ABOVE ACCOUNT(S) HAS BEEN
RECEIVED AND/OR THE SERVICES SPECIFIED PERFORMED
AND/OR THE EXPENSES CLAIMED HAVE BEEN INCURRED,
AND I APPROVE THIS CLAIM FOR PAYMENT.

Department Receiving Clerk

Date

Authorized Department Official

Date

PRIVILEGED AND CONFIDENTIAL
ATTORNEY CLIENT WORK PRODUCT

EXHIBIT 3

ROCKLAND COUNTY OFFICE OF COMMUNITY DEVELOPMENT HOME INVESTMENT PARTNERSHIP PROGRAM VOUCHER

DATE 10/11/12
PROJECT SPONSOR HOMES FOR HEROES INC.
PROGRAM YEAR 2010
HOME

VOUCHER NUMBER 929684 THE _____

VOUCHER FOR THIS ITEM. WORK ON THE ABOVE CONTRACT IS COVERED BY THE HOME INVESTMENT PARTNERSHIP PROGRAM.

TOTAL ALLOCATED	\$	375,000.00
TOTAL PREVIOUSLY REQUESTED	\$	178,954.19
BALANCE TO DATE	\$	196,045.81
AMOUNT OF ENCLOSED VOUCHERS	\$	5,291.63
BALANCE REMAINING	\$	190,754.18

AS THE ABOVE TABULATION SHOWS A BALANCE TO DATE IN THE HOME ALLOCATION, PLEASE UTILIZE OUR LETTER OF CREDIT TO PAY THE ATTACHED.

Voucher Entry Projects Information

Project Business Unit: COR01
Project: HM2010
Activity: GEN
Source Type: CD
Category: OTH
Subcategory: _____

FOR IDIS USE ONLY

VOUCHER # _____

HUD ACCT # 1419

PRIVILEGED AND CONFIDENTIAL
ATTORNEY CLIENT WORK PRODUCT

EXHIBIT 3

STANDARD VOUCHER

VOUCHER No. 929684

TELEPHONE
(845) 638-5418

COUNTY OF ROCKLAND COUNTY OFFICE BUILDING, NEW CITY, N. Y. 10956

Taxpayer Identification No. 26-4526324 Date: 1/1/12
(Federal Tax Id or SSN) PAYMENT WILL NOT BE MADE WITHOUT A TAXPAYER ID NUMBER

Claimant: Homes for Heroes Inc
One Blue Hill Plaza
P.O. Box 1648
Pearl River, NY 10965

FOR INTERNAL USE ONLY

Acct Period: 1
(Optional)

Document Total: _____

Single Check? _____
(Optional)

Scheduled Pay Date 1/1/12
(Optional)

Vendor's Reference Data Invoice No. _____

Date _____

Note: ACCOUNTING INFORMATION NOT NECESSARY IF REFERENCING AN ENCUMBRANCE

DESCRIPTION	Quantity	Unit	Unit Price	Amount	Ref Trans Code/ Ref Trans Number	Ref Line	Comm Line	Fnd	Agency	Org	Object	Project No. (Capital Projects)	Amount
Homes fund for Professional Service for Homes for Heroes Michael Shilata Architects				5,291.63					F	CD	99954010	HM2010	\$ 5291.63

APPROVED & ENTER

OCT 17 2012

DEPT OF FINANCE

CLAIMANTS CERTIFICATION

I, Thomas Zimmerman CERTIFY
THAT THE ABOVE ACCOUNT
IN THE AMOUNT OF \$ 5,291.63 IS

TRUE AND CORRECT, THAT THE SERVICES, MATERIALS, SUPPLIES, OR
EQUIPMENT WERE ACTUALLY RENDERED OR DELIVERED AND/OR THE
DISBURSEMENTS ACTUALLY AND NECESSARILY MADE, AND THAT THE
AMOUNT CLAIMED REMAINS DUE: OWING AND UNPAID, AND NO PART
THEREOF HAS BEEN PAID OR SATISFIED.

SIGNATURE

DATE

TITLE

C.E.O.

TOTAL 5291.63

INSTRUCTIONS TO CLAIMANT

1. Details of claim must be specified in description space and/or you may refer to, and attach, your invoice.
2. Supporting documents for requested reimbursement of expenses must be attached.

3. Certification at left must be signed in ink

4. The original and duplicate copies shall be forwarded to the Department of Finance at the above address.

I HEREBY CERTIFY THAT THE MERCHANDISE
ENUMERATED IN THE ABOVE ACCOUNT(S) HAS BEEN
RECEIVED AND/OR THE SERVICES SPECIFIED PERFORMED
AND/OR THE EXPENSES CLAIMED HAVE BEEN INCURRED
AND I APPROVE THIS CLAIM FOR PAYMENT.

Department Receiving Clerk

Authorized Department Official

Department of Finance

Date

PRIVILEGED AND CONFIDENTIAL
ATTORNEY CLIENT WORK PRODUCT

EXHIBIT 3

ROCKLAND COUNTY OFFICE OF COMMUNITY DEVELOPMENT

HOME INVESTMENT PARTNERSHIP PROGRAM VOUCHER

DATE 11/21/12
PROJECT SPONSOR HOMES FOR HEROES INC.
PROGRAM YEAR 2010
HOME

VOUCHER NUMBER 929685 THE _____

VOUCHER FOR THIS ITEM. WORK ON THE ABOVE CONTRACT IS COVERED BY THE HOME INVESTMENT PARTNERSHIP PROGRAM.

TOTAL ALLOCATED	\$	375,000.00
TOTAL PREVIOUSLY REQUESTED	\$	<u>184,245.81</u>
BALANCE TO DATE	\$	190,754.19
AMOUNT OF ENCLOSED VOUCHERS	\$	<u>6,113.25</u>
BALANCE REMAINING	\$	184,640.94

AS THE ABOVE TABULATION SHOWS A BALANCE TO DATE IN THE HOME ALLOCATION, PLEASE UTILIZE OUR LETTER OF CREDIT TO PAY THE ATTACHED.

Voucher Entry Projects Information

Project Business Unit: COR01

Project: HM2010

Activity: GEN

Source Type: CD

Category: OTH

Subcategory:

FOR IDIS USE ONLY

VOUCHER # _____

HUD ACCT # 1419

**PRIVILEGED AND CONFIDENTIAL
ATTORNEY CLIENT WORK PRODUCT**

TELEPHONE
(845) 638-5418

EXHIBIT 3 STANDARD VOUCHER

VOUCHER
No. 929685

COUNTY OF ROCKLAND
COUNTY OFFICE BUILDING, NEW CITY, N. Y. 10956

Claimant: Hornes for Heroes

Taxpayer Identification No. 26-4526324 Date: 11/21/12
(Federal Tax Id or SSN) PAYMENT WILL NOT BE MADE WITHOUT A TAXPAYER ID NUMBER

One Blue Hill Plaza
P.O. Box 1648
Pearl River, NY 10965

FOR INTERNAL USE ONLY

Acct Period: / / Document Total:
(Optional)
Single Check? Scheduled Pay Date / /
(Optional)
Vendor's Reference Data Invoice No. Date

Note: ACCOUNTING INFORMATION NOT NECESSARY IF REFERENCING AN ENCUMBRANCE

DESCRIPTION	Quantity	Unit	Unit Price	Amount	Ref Trans Code/ Ref Trans Number	Ref Line	Comm Line	Fnd	Agency	Org	Object	Project No. (Capital Projects)	Amount
Hornes for Heroes for Professional Service - Michael Shilake Architects				6,113.25					F	CD	9995	4490 HM 2010	\$ 6113.25

CLAIMANTS CERTIFICATION

I, Thomas Zimmerman CERTIFY
THAT THE ABOVE ACCOUNT
IN THE AMOUNT OF \$ 6,113.25 IS
TRUE AND CORRECT, THAT THE SERVICES, MATERIALS, SUPPLIES, OR
EQUIPMENT WERE ACTUALLY RENDERED OR DELIVERED AND/OR THE
DISBURSEMENTS ACTUALLY AND NECESSARILY MADE, AND THAT THE
AMOUNT CLAIMED REMAINS DUE: OWING AND UNPAID, AND NO PART
THEREOF HAS BEEN PAID OR SATISFIED.

SIGNATURE [Signature] DATE 11-19-12
TITLE CFO

TOTAL 6,113.25

INSTRUCTIONS TO CLAIMANT

- Details of claim must be specified in description space and/or you may refer to, and attach, your invoice.
- Supporting documents for requested reimbursement of expenses must be attached.
- Certification at left must be signed in ink

1. The original and duplicate copies shall be forwarded to the Department of Finance at the above address.

I HEREBY CERTIFY THAT THE MERCHANDISE
ENUMERATED IN THE ABOVE ACCOUNT(S) HAS BEEN
RECEIVED AND/OR THE SERVICES SPECIFIED PERFORMED
AND/OR THE EXPENSES CLAIMED HAVE BEEN INCURRED,
AND I APPROVE THIS CLAIM FOR PAYMENT.

Department Receiving Clerk Date

Authorized Department Official Date

Payment Approved

Department of Finance Date

ORIGINAL - DEPARTMENT OF FINANCE
ATTORNEY CLIENT WORK PRODUCT

TELEPHONE
(845) 638-5418

STANDARD VOUCHER
EXHIBIT 3

VOUCHER
No. 929686

COUNTY OF ROCKLAND
COUNTY OFFICE BUILDING, NEW CITY, N. Y. 10956

Claimant:

Homes for Heroes

one Blue Hill Plaza

P. O. Box 1648

Pearl River NY 10965

Taxpayer Identification No. _____

Date: 1/23/13

(Federal Tax id or SSN) PAYMENT WILL NOT BE MADE WITHOUT A TAXPAYER ID NUMBER

FOR INTERNAL USE ONLY

Acct Period: / /
(Optional)

Document Total: _____

Single Check?
(Optional)

Scheduled Pay Date / /
(Optional)

Vendor's Reference Data _____ Invoice No. _____

Date _____

Note: ACCOUNTING INFORMATION NOT NECESSARY IF REFERENCING AN ENCUMBRANCE

DESCRIPTION	Quantity	Unit	Unit Price	Amount	Ref Trans Code/ Ref Trans Number	Ref Line	Comm Line	Fnd	Agency	Org	Object	Project No. (Capital Projects)	Amount
HomesforHeroes for Professional Service Michael Shilale Architects				4,462.53					F	CD999	FE400	HM2010	4,462.53

CLAIMANTS CERTIFICATION

I, Thomas Zimmerman CERTIFY
THAT THE ABOVE ACCOUNT
IN THE AMOUNT OF

\$ 4,462.53

IS

TRUE AND CORRECT, THAT THE SERVICES, MATERIALS, SUPPLIES, OR
EQUIPMENT WERE ACTUALLY RENDERED OR DELIVERED AND/OR THE
DISBURSEMENTS ACTUALLY AND NECESSARILY MADE, AND THAT THE
AMOUNT CLAIMED REMAINS DUE: OWING AND UNPAID, AND NO PART
THEREOF HAS BEEN PAID OR SATISFIED.

SIGNATURE

DATE

**INSTRUCTIONS
TO CLAIMANT**

1. Details of claim must be specified in description space and/or you may refer to, and attach, your invoice.
2. Supporting documents for requested reimbursement of expenses must be attached.
3. Certification at left must be signed in ink
4. The original and duplicate copies shall be forwarded to the Department of Finance at the above address.

I HEREBY CERTIFY THAT THE MERCHANDISE
ENUMERATED IN THE ABOVE ACCOUNT(S) HAS BEEN
RECEIVED AND/OR THE SERVICES SPECIFIED PERFORMED
AND/OR THE EXPENSES CLAIMED HAVE BEEN INCURRED,
AND I APPROVE THIS CLAIM FOR PAYMENT.

Department Receiving Clerk

Authorized Department Official

Date

Date

PRIVILEGED AND CONFIDENTIAL
ATTORNEY CLIENT WORK PRODUCT

ORIGINAL DEPARTMENT OF FINANCE

Department of Finance

Date

TELEPHONE
(845) 638-5418

EXHIBIT 3
STANDARD VOUCHER

VOUCHER
No. 929687

COUNTY OF ROCKLAND
COUNTY OFFICE BUILDING, NEW CITY, N. Y. 10956

Claimant: Homes for Heroes

Taxpayer Identification No. _____ Date: 2/13/13
(Federal Tax Id or SSN) PAYMENT WILL NOT BE MADE WITHOUT A TAXPAYER ID NUMBER

One Blue Hill Plaza
P. O. Box 1648
Pearl River, NY 10965

FOR INTERNAL USE ONLY

Acct Period: / /
(Optional)

Document Total:

Single Check?
(Optional)

Scheduled Pay Date / /
(Optional)

Vendor's Reference Data Invoice No.

Date

Note: ACCOUNTING INFORMATION NOT NECESSARY IF REFERENCING AN ENCUMBRANCE

DESCRIPTION	Quantity	Unit	Unit Price	Amount	Ref Trans Code/ Ref Trans Number	Ref Line	Comm Line	Fnd	Agency	Org	Object	Project No. (Capital Projects)	Amount
Home Fund. Homes for Heroes for Engineers Service				1,679.81					F	CD	9995	EH090 HM2010	\$1679.81

CLAIMANTS CERTIFICATION

I, Thomas Zimmerman CERTIFY
THAT THE ABOVE ACCOUNT
IN THE AMOUNT OF \$ 1,679.81 IS

TRUE AND CORRECT, THAT THE SERVICES, MATERIALS, SUPPLIES, OR
EQUIPMENT WERE ACTUALLY RENDERED OR DELIVERED AND/OR THE
DISBURSEMENTS ACTUALLY AND NECESSARILY MADE, AND THAT THE
AMOUNT CLAIMED REMAINS DUE: OWING AND UNPAID, AND NO PART
THEREOF HAS BEEN PAID OR SATISFIED.

SIGNATURE [Signature] DATE 2-05-13

TOTAL 1,679.81

INSTRUCTIONS
TO CLAIMANT

1. Details of claim must be specified in description space and/or you may refer to, and attach, your invoice.
2. Supporting documents for requested reimbursement of expenses must be attached.

3. Your claim must be signed in ink.
4. The original and duplicate copies shall be forwarded to the Department of Finance, at the above address.

I HEREBY CERTIFY THAT THE MERCHANDISE
ENUMERATED IN THE ABOVE ACCOUNT(S) HAS BEEN
RECEIVED AND/OR THE SERVICES SPECIFIED PERFORMED
AND/OR THE EXPENSES CLAIMED HAVE BEEN INCURRED,
AND I APPROVE THIS CLAIM FOR PAYMENT.

Department Receiving Clerk [Signature] Date 2/13/13
Authorized Department Official [Signature] Date _____

PRIVILEGED AND CONFIDENTIAL
ATTORNEY-CLIENT WORK PRODUCT
ORIGINAL - DEPARTMENT OF FINANCE
Department of Finance

TELEPHONE
(845) 638-5418

EXHIBIT 3
STANDARD VOUCHER

VOUCHER
No. 929689

COUNTY OF ROCKLAND
COUNTY OFFICE BUILDING, NEW CITY, N. Y. 10956

Claimant:

Homes for Heroes

Taxpayer Identification No. 26-4526324

Date: 2/13/13

(Federal Tax Id or SSN) PAYMENT WILL NOT BE MADE WITHOUT A TAXPAYER ID NUMBER

One Blue Hill Plaza

P.O. Box 1648

Pearl River NY 10965

FOR INTERNAL USE ONLY

Acct Period: 1
(Optional)

Document Total: _____

Single Check? _____
(Optional)

Scheduled Pay Date 1/1/1
(Optional)

Vendor's Reference Data Invoice No.

Date

Note: ACCOUNTING INFORMATION NOT NECESSARY IF REFERENCING AN ENCUMBRANCE

DESCRIPTION	Quantity	Unit	Unit Price	Amount	Ref Trans Code/ Ref Trans Number	Ref Line	Comm Line	Fnd	Agency	Org	Object	Project No. (Capital Projects)	Amount
Home Fund - Homes for Heroes for Engineering Survey				13,828.00					F	CD	9995	E4090 HM2010	\$13,828.00

CLAIMANTS CERTIFICATION

I, Thomas Zimmerman CERTIFY
THAT THE ABOVE ACCOUNT
IN THE AMOUNT OF \$13,828.00 IS

TRUE AND CORRECT, THAT THE SERVICES, MATERIALS, SUPPLIES, OR
EQUIPMENT WERE ACTUALLY RENDERED OR DELIVERED AND/OR THE
DISBURSEMENTS ACTUALLY AND NECESSARILY MADE, AND THAT THE
AMOUNT CLAIMED REMAINS DUE: OWING AND UNPAID, AND NO PART
THEREOF HAS BEEN PAID OR SATISFIED.

SIGNATURE [Signature] DATE 2-13-13

TITLE C.E.D.

TOTAL 13,828.00

INSTRUCTIONS
TO CLAIMANT

1. Details of claim must be specified in description space and/or you may refer to, and attach, your invoice.
2. Supporting documents for requested reimbursement of expenses must be attached.

3. Certification at left must be signed in ink.

4. The original and duplicate copies shall be forwarded to the Department of
Finance at the above address.

I HEREBY CERTIFY THAT THE MERCHANDISE
ENUMERATED IN THE ABOVE ACCOUNT(S) HAS BEEN
RECEIVED AND/OR THE SERVICES SPECIFIED PERFORMED
AND/OR THE EXPENSES CLAIMED HAVE BEEN INCURRED,
AND I APPROVE THIS CLAIM FOR PAYMENT.

Department Receiving Clerk [Signature] Date 2/15/13
Authorized Department Official [Signature] Date _____

Approved _____
Department of Finance

PRIVILEGED AND CONFIDENTIAL
ATTORNEY CLIENT WORK PRODUCT
ORIGINAL - DEPARTMENT OF FINANCE

Date

TELEPHONE
(845) 638-5418

EXHIBIT 3
STANDARD VOUCHER

VOUCHER
No. 929679

COUNTY OF ROCKLAND
COUNTY OFFICE BUILDING, NEW CITY, N. Y. 10956

Claimant: Homes for Heroes

Taxpayer Identification No. _____ Date: ____/____/____
(Federal Tax Id or SSN) PAYMENT WILL NOT BE MADE WITHOUT A TAXPAYER ID NUMBER

One Blue Hill Plaza
P. O. Box 1648
Pearl River NY 10965

FOR INTERNAL USE ONLY

Acct Period: ____/____/____
(Optional)

Document Total: _____

Single Check? ____
(Optional)

Scheduled Pay Date ____/____/____
(Optional)

Vendor's Reference Data Invoice No.

Date

Note: ACCOUNTING INFORMATION NOT NECESSARY IF REFERENCING AN ENCUMBRANCE

DESCRIPTION	Quantity	Unit	Unit Price	Amount	Ref Trans Code/ Ref Trans Number	Ref Line	Comm Line	Fnd	Agency	Org	Object	Project No. (Capital Projects)	Amount
Homes for Heroes Architects Service Fee from Home Funds				6,379.29					F	CD	9995	F4090HM2010	\$6379.29

CLAIMANTS CERTIFICATION

I, Thomas Zimmerman CERTIFY
THAT THE ABOVE ACCOUNT
IN THE AMOUNT OF \$ 6379.29 IS

TRUE AND CORRECT, THAT THE SERVICES, MATERIALS, SUPPLIES, OR
EQUIPMENT WERE ACTUALLY RENDERED OR DELIVERED AND/OR THE
DISBURSEMENTS ACTUALLY AND NECESSARILY MADE, AND THAT THE
AMOUNT CLAIMED REMAINS DUE: OWING AND UNPAID, AND NO PART
THEREOF HAS BEEN PAID OR SATISFIED.

SIGNATURE [Signature] DATE 12.19.17

TITLE C.F.O.

TOTAL 6,379.29

INSTRUCTIONS
TO CLAIMANT

1. Details of claim must be specified in description space and/or you may refer to, and attach, your invoice.
2. Supporting documents for requested reimbursement of expenses must be attached.

3. This document must be signed in ink.
4. The original and duplicate copies shall be forwarded to the Department of Finance, 100 State Street, New City, NY 10956.

I HEREBY CERTIFY THAT THE MERCHANDISE
ENUMERATED IN THE ABOVE ACCOUNT(S) HAS BEEN
RECEIVED AND/OR THE SERVICES SPECIFIED PERFORMED
AND/OR THE EXPENSES CLAIMED HAVE BEEN INCURRED,
AND I APPROVE THIS CLAIM FOR PAYMENT.

Department Receiving Clerk [Signature] Date 1/4/18
Authorized Department Official [Signature] Date _____

Department of Finance [Signature] Date _____

PRIVILEGED AND CONFIDENTIAL
ATTORNEY-CLIENT WORK PRODUCT
ORIGINAL - DEPARTMENT OF FINANCE

TELEPHONE
(845) 638-5418

STANDARD VOUCHER
EXHIBIT 3
COUNTY OF ROCKLAND
COUNTY OFFICE BUILDING, NEW CITY, N. Y. 10956

VOUCHER
No. 929691

Claimant:

hoeb House
Homes for Heroes

Taxpayer Identification No. 26-4526324

Date: 4/11/13

(Federal Tax Id or SSN) PAYMENT WILL NOT BE MADE WITHOUT A TAXPAYER ID NUMBER

One Blue Hill Plaza P.O. Box 1648
Leawards River, NY 10965

FOR INTERNAL USE ONLY

Acct Period: / /
(Optional)

Document Total:

Single Check?
(Optional)

Scheduled Pay Date / /
(Optional)

Vendor's Reference Data

Invoice No.

Date

Note: ACCOUNTING INFORMATION NOT NECESSARY IF REFERENCING AN ENCUMBRANCE

DESCRIPTION	Quantity	Unit	Unit Price	Amount	Ref Trans Code/ Ref Trans Number	Ref Line	Comm Line	Fnd	Agency	Org	Object	Project No. (Capital Projects)	Amount
Home fund - for Homes for Heroes - Michael Sitale Architects				5,068.05					F CD	9995	EH010	HM2010	5,068.05

CLAIMANTS CERTIFICATION

I, Thomas Zimmerman CERTIFY
THAT THE ABOVE ACCOUNT
IN THE AMOUNT OF \$ IS

TRUE AND CORRECT, THAT THE SERVICES, MATERIALS, SUPPLIES, OR
EQUIPMENT WERE ACTUALLY RENDERED OR DELIVERED AND/OR THE
DISBURSEMENTS ACTUALLY AND NECESSARILY MADE, AND THAT THE
AMOUNT CLAIMED REMAINS DUE: OWING AND UNPAID, AND NO PART
THEREOF HAS BEEN PAID OR SATISFIED.

SIGNATURE [Signature] DATE 2-15-13

TITLE CFO

TOTAL 5,068.05

INSTRUCTIONS
TO CLAIMANT

1. Details of claim must be specified in description space and/or you may refer to, and attach, your invoice.
2. Supporting documents for requested reimbursement of expenses must be attached.
3. Certification at left must be signed in ink

I HEREBY CERTIFY THAT THE MERCHANDISE
ENUMERATED IN THE ABOVE ACCOUNT(S) HAS BEEN
RECEIVED AND/OR THE SERVICES SPECIFIED PERFORMED
AND/OR THE EXPENSES CLAIMED HAVE BEEN INCURRED,
AND I APPROVE THIS CLAIM FOR PAYMENT.

Department Receiving Clerk Date

Authorized Department Official Date

Payment
Approved

Department of Finance Date

PRIVILEGED AND CONFIDENTIAL
ORIGINAL - DEPARTMENT OF FINANCE
ATTORNEY CLIENT WORK PRODUCT

TELEPHONE
(845) 638-5418

STANDARD VOUCHER
EXHIBIT 3
COUNTY OF ROCKLAND
COUNTY OFFICE BUILDING, NEW CITY, N. Y. 10956

VOUCHER No. 929692

Claimant:

Wool House
Homes for Heroes

Taxpayer Identification No. 26-4526324 Date: 4/11/13
(Federal Tax Id or SSN) PAYMENT WILL NOT BE MADE WITHOUT A TAXPAYER ID NUMBER

One Blue Hill Plaza

P.O. Box 1648

Pearl River, NY 10965

FOR INTERNAL USE ONLY

Acct Period: / /
(Optional)

Document Total:

Single Check?
(Optional)

Scheduled Pay Date / /
(Optional)

Vendor's Reference Data Invoice No.

Date

Note: ACCOUNTING INFORMATION NOT NECESSARY IF REFERENCING AN ENCUMBRANCE

Note: ACCOUNTING INFORMATION NOT NECESSARY													
DESCRIPTION	Quantity	Unit	Unit Price	Amount	Ref Trans Code/ Ref Trans Number	Ref Line	Comm Line	Fnd	Agency	Org	Object	Project No. (Capital Projects)	Amount
Home Fund for Homes for Heroes Michael Shilata Architects									F	CD	9995	E4D10 HM2010	7259.17

CLAIMANTS CERTIFICATION

I, Thomas Zimmerman CERTIFY
THAT THE ABOVE ACCOUNT
IN THE AMOUNT OF \$ 7,259.17

IS
TRUE AND CORRECT, THAT THE SERVICES, MATERIALS, SUPPLIES, OR
EQUIPMENT WERE ACTUALLY RENDERED OR DELIVERED AND/OR THE
DISBURSEMENTS ACTUALLY AND NECESSARILY MADE, AND THAT THE
AMOUNT CLAIMED REMAINS DUE: OWING AND UNPAID, AND NO PART
THEREOF HAS BEEN PAID OR SATISFIED.

SIGNATURE

3-08-12

DATE

C.F.O.

TOTAL

7259.17

INSTRUCTIONS
TO CLAIMANT

1. Details of claim must be specified in description space and/or you may refer to, and attach, your invoice.
2. Supporting documents for requested reimbursement of expenses must be attached.
3. Certification at left must be signed in ink

4. Original and duplicate copies shall be forwarded to the Department of Finance at the above address.

I HEREBY CERTIFY THAT THE MERCHANDISE
ENUMERATED IN THE ABOVE ACCOUNT(S) HAS BEEN
RECEIVED AND/OR THE SERVICES SPECIFIED PERFORMED
AND/OR THE EXPENSES CLAIMED HAVE BEEN INCURRED,
AND I APPROVE THIS CLAIM FOR PAYMENT.

Department Receiving Clerk

Date

Authorized Department Official

Date

Payment

Approved

Department of Finance

Date

ORIGINAL DEPARTMENT OF FINANCE
PRIVILEGED AND CONFIDENTIAL
ATTORNEY CLIENT WORK PRODUCT

EXHIBIT 4

EXHIBIT 4

ROCKLAND COUNTY OFFICE OF COMMUNITY DEVELOPMENT ECONOMIC DEVELOPMENT GRANT

Criteria

A low-and moderate income (LMI) jobs activity is one which creates or retains permanent jobs, at least 51% of which, on a full-time equivalent (FTE) basis, are either **held by** LMI person or considered to be **available to** LMI persons.

Jobs that are not held (filled) by LMI persons may be claimed to be “available to” LMI persons **only when both** of the following are met:

1. Neither special skills that can be only be acquired with substantial (i.e., one year or more) training or work experience nor education beyond high school is a prerequisite to fill such jobs (or business agrees to hire unqualified persons and train them); and
2. The assisted business takes actions to ensure that LMI persons receive “first consideration” for filling such jobs.
First Consideration Guidelines
 1. *Hiring practice results in over 51% of LMI persons interviewed for applicable job being hired,*
 2. *Consider a sufficient number of LMI job applicants to give reasonable opportunity to fill the position with such a person, and*
 3. *The distance from residence and availability of transportation to the job site must be reasonable before a particular LMI person may be considered a serious applicant for the job.*

Special Rules for Retained Jobs

In order to consider jobs retained as a result of CDBG assistance, there must be clear and objective evidence that permanent jobs will be lost without CDBG assistance. For these purposes, “clear and objective” evidence that jobs will be lost would include:

1. Evidence that the business has issued a notice to affected employees or made a public announcement to that affect, or
2. Analysis of relevant financial records which clearly and convincingly shows that the business is likely to have to cut back employment in the near future without the planned intervention.

To meet the LMI jobs standard, 51% or more of the retained jobs must be either:

1. Known to be held by LMI persons at the time of CDBG assistance is provided, and/or
2. For jobs not known to be held by LMI persons, reasonably expected to “turn over” to LMI persons.

Policies

1. Part-time jobs must be converted to full-time equivalents (FTE) (e.g., a job that will require only working half-time would count as only one-half a job);
2. Only permanent jobs count; temporary jobs will not be considered;
3. Seasonal jobs are considered to be permanent for this purpose only the season is long enough for the job to be considered as the employee’s principal occupation;
4. All permanent jobs created or retained by the activity must be counted even if the activity has multiple sources of funds; and
5. Jobs indirectly created or retained by an assisted activity (i.e., “spin off” jobs) may not be counted.

Presumed LMI Status

For purposes of determining whether a job is held by or made available to a low-income or moderate-income person, the person may be presumed to be low-or moderate-income person if:

EXHIBIT 4

1. He/she resides with a census tract that has at least 70% of its residents who are low-and moderate-income persons; or
2. He/she resides within a census track that has a poverty rate of at least 20%;
3. The business being assisted is located in a block group that has a poverty rate of at least 20%.

Records To Be Maintained

- Written agreement with business whereby the business agrees to keep or create a specific number of jobs and identifies each such job by type and whether the job will be full-or part-time. The agreement must also specify the actions the business will take to ensure that at least 51% of the jobs created or retained will benefit LMI persons. Records must document which jobs were actually created and retained, whether each such job was held by, taken by or made available to LMI persons, and the full-time equivalency status of each job (24 CFR 570.506).

For Job Creation:

Held by

- A listing by job title and job type of the specific jobs to be created,
- A list by job title of the jobs filled,
- The name and income status of the person who filled each position, and
- The full-time equivalency status of the jobs

Available to – where job was not taken by a LMI person, records must show:

- The title and description of the jobs made available, and the full-time equivalency status of the job at that time,
- The job qualifications; special skills or educations required for the job, if any, and the business commitment to provide needed training for such jobs,
- How first consideration was given to LMI for the job

Job Retention – Where LMI benefit is based on job retention, the records must include the following documentation.

Otherwise lost:

- The specific evidence that the business relied on in concluding that jobs would be lost without CDBG assistance. An example of acceptable evidence may include statement from bookkeeper or CPA representing review of business financials reveals insufficient revenue to sustain current staffing and without CDBG assistance layoffs are imminent.

Held by:

- A listing by job title and job type of permanent jobs retained, those jobs known to be held by LMI persons at the time of CDBG assistance was provided, and the full-time equivalency status of each such jobs; and
- Information on the family size and annual income of each LMI person.

Turnover jobs:

- Identification of any of the retained jobs (other than those known to be held by LMI persons) projected to become available to LMI persons through turnover within time of CDBG assistance,
- The basis upon which the jobs was determined to be likely to turn over with the time of CDBG assistance (historical turnover rate),
- The date the job actually turned over.
- The name and income status of the persons who filled the vacancy,
- If the person who took the job was not LMI but the claim is that the job was made available to LMI persons, see documentation under “available to”.
- Information on the family size and annual income of each such LMI person hired.

EXHIBIT 4

Jobs Assessment - Job Creation

FTE (1 = FULL TIME)	JOB TITLE	JOB TYPE (SEE ATTACHED LIST)	PRESUME JOB IS LMI BASED ON BUSINESS LOCATION? Y/N	NAME OF PERSON HIRED	DATE HIRED	PRESUME LMI? Y/N IF YES, PROVIDE ADDRESS	IF NOT PRESUMED LMI, WHAT IS LMI STATUS?

Total new FTEs being created

Total number LMI employees hired

% of new LMI or Presumed LMI FTEs

**

**If less than 51%, complete Jobs Made Available Form

(Signature)

(Date)

(Print Name and Title)

EXHIBIT 4

Jobs Assessment – Job Retention

FTE (1 = FULL TIME)	JOB TITLE	JOB TYPE (SEE ATTACHED LIST)	PRESUME JOB IS LMI BASED ON BUSINESS LOCATION? Y/N	EMPLOYEE NAME HOLDING POSITION	PRESUME LMI? Y/N IF YES, PROVIDE ADDRESS	IF NOT PRESUMED LMI, WHAT IS LMI STATUS?

Total number of retained FTEs _____

- a. Total jobs known to be currently held by LMI
- (Attached Employee Income Verification) _____

- Total number of jobs that can reasonably be
expected to become available through turnover
to lower income persons based on historical
turnover rate. (Attach project hiring schedule
for positions expected to become available.) _____

% of Retained LMI or Presumed LMI FTEs _____

**

**If less than 51%, complete Jobs Made Available Form

(Signature)

(Date)

(Print Name and Title)

EXHIBIT 4

Jobs Made Available to LMI

FTE (1 = FULL TIME)	JOB TITLE	SPECIAL SKILLS OR EDUCATION REQUIRED? (DESCRIBE)	TRAINING TO BE PROVIDED? (DESCRIBE)	FIRST CONSIDERATION GIVEN TO LMI PEOPLE DESCRIBE AND/OR LIST INTERVIEWEES AND INCOME LEVELS)

EXHIBIT 4

EMPLOYEE INCOME VERIFICATION FORM

Name: _____
Last Name First Name MI

Social Security No: _____ Birth Date: _____

Address: _____ Zip: _____

Phone No. () _____ Date of Hire: _____

Male ☐ Female ☐ Head of Household ☐

Race/Ethnicity (*check one*)

White ☐ Amer Indian/Alaskan Native ☐ Other Multi Racial ☐

Black/African Amer ☐ Native Hawaiian/Other Pacific Is ☐

Asian ☐ Amer Indian/Alaskan Native & White ☐

Asian & White ☐ Black/Afri Amer & White ☐

Hispanic/White ☐ Am.Ind/Alaska Native & Black/Afri Amer ☐

Hispanic/Black ☐

Circle income box for household size below

Household Size	1	2	3	4	5	6	7	8
Extremely Low Income (30% median)	\$21,700	\$24,800	\$27,900	\$30,950	\$33,450	\$35,950	\$38,400	\$40,900
Very Low Income (50% median)	\$36,100	\$41,250	\$46,400	\$51,550	\$55,700	\$59,800	\$63,950	\$68,050
Low Income (80% median)	\$57,760	\$66,000	\$74,240	\$82,480	\$89,120	\$95,680	\$102,320	\$108,880

This income can be verified by:

☐ Federal Income Tax Returns / W2s

Certification and Agreement

This information will be used to ensure compliance with U.S. Department of Housing and Urban Development, Community Development Block Grant requirements. I understand this may be monitored and that I may be asked to provide source documentation. With my signature, I am certifying that the above information is correct, to the best of my knowledge.

Signature: _____ Date: _____

EXHIBIT 4

Job Creation/Retention Agreement with

(Business)

For

(project/activity)

I agree to create or retain (keep) permanent jobs, at least 51% of which, on a full time equivalency ("FTE") basis, are either held by low-and moderate-income persons, considered to be available to low-and moderate income persons, or can be presumed to be held or made available to a low to moderate-income person. I further agree to maintain the following documentation:

Job Creation - Held by:

- _ A listing by job title and job type of the specific jobs to be created,
- _ A listing by job title of the jobs filled,
- _ The job type and full-time equivalency status of the job, and
- _ The name and income status of the person who filled each position, or
- _ Basis upon which it can be presumed to be held by a low to moderate-income person.
- _ Whether or not new hire was previously unemployed
- _ Whether or not health benefits will be provided to the employee.

If the job is not filled by a low to moderate income person or cannot be presumed as such, the following documentation will be maintained:

Available to:

- _ The title and description of the jobs made available, and the **full-time equivalency** status of the job at that time,
- _ Provide training for any jobs requiring special skills or education;
- _ How first consideration was given to low- and moderate-income persons for the job, such as
 - _ name(s) of the person(s) interviewed for the job and the date of the interview(s), and
 - _ the income status of the person(s) interviewed

Job Retention – Held by:

- _ A listing by job title and job type of permanent jobs retained, those jobs known to be held by low-and moderate-income persons at the time CDBG assistance was provided; and the **full-time equivalency** status of each such job, and
- _ Information on the family size and annual income of each such low-and moderate-income person or
- _ Basis upon which it can be presumed to be held by a low to moderate-income person.

Turnover jobs:

- _ Identification of any of the retained jobs (other than those known to be held by low-and moderate-income persons) projected to become available to low-and moderate-income persons through turnover within two years of the time CDBG assistance was provided.
- _ The basis upon which the job was determined to be likely to turn over within two years following the CDBG assistance,
- _ The date the job actually turned over,
- _ The name and income status of the persons who filled the vacancy, and
- _ Information on the family size and annual income of each such low-and moderate income person hired or
- _ Basis upon which it can be presumed to be held by a low to moderate-income person

Expected jobs to be **created** _____ Expected jobs to be **retained** _____

By: _____ Date: _____

EXHIBIT 4

Attachment 1

Job Types

Economic Development Administration (EDA) Job Category Definitions

1. **Officials and Managers** - Occupants requiring administrative personnel who set broad policies, exercise overall responsibility of execution of these policies, and individual departments or special phases of a firm's operations. This includes: Officials, Executives, middle management, plant managers and superintendents, salaried supervisors who are members of management, purchasing agents and buyers, and kindred workers.

2. **Professional** - Occupants requiring either college graduation or experience of such kind and amount as to provide a comparable background includes: accountants and auditors, airplane pilots and navigators, architects, artists, chemists, designers, dietitians, editors, engineers, lawyers, librarians, mathematicians, natural scientists, registered professional nurses, professional and labor relations workers, physical scientists, physicians, social scientists, teachers, and kindred workers.

3. **Technicians** - Occupants requiring a combination of basic scientific knowledge and manual skill which can be obtained through about 2 years of post-high school education such as is offered in many technical institutions and junior colleges, or through equivalent on the job training. This includes: computer programmers and operators, drafters, engineering aides, junior engineers, mathematic aides, licensed practical or vocational nurses, photographers, radio operators, scientific assistants, surveyors, technical illustrators, technicians (medical, dental, electronic, physical science) and kindred workers.

4. **Sales** - Occupants engaging wholly or primarily in direct selling. This includes: advertising agenda and sales workers; insurance agents and brokers; real estate agents and brokers; sales workers; demonstrators and retail sales workers; and sales clerks, grocery clerks and cashiers; and kindred workers.

5. **Office and Clerical** - Includes all clerical-type work regardless of level of difficulty, where the activities are predominantly non-manual though some manual work not directly involved with altering or transporting the products is included. This includes: bookkeepers, cashiers, collectors (bills and accounts), messengers and office helpers, office machine operators, shipping and receiving clerks, stenographers, typists, and secretaries, telegraph and telephone operators, and kindred workers.

6. **Craft Worker (skilled)** - Manual workers of relatively high level having a thorough and comprehensive knowledge of the processes involved in their work. Exercise considerable independent judgment and usually receive an extensive period of training. This includes: the building trades, hourly paid supervisors and lead operators (who are not members of management), mechanic and repairers, skilled machining occupations, compositors and typesetters, electricians, engravers, job setters (metal), motion picture projectionists, pattern and model makers, stationary engineers, tailors, and kindred workers.

7. **Operatives (semi-skilled)** - Workers who operate machines or other equipment or perform other factory-type duties of intermediate skill level which can be mastered in a few weeks and require only limited training. This includes: apprentices (auto mechanics, plumbers, electricians, machinists, mechanics, building trades, metal working trades, printing trades, etc.), operatives, attendants (auto service and parking), blasters, chauffeurs, delivery workers, dress makers and sewers (except factory), dryer's furnaces workers, heaters

EXHIBIT 4

(metal), laundry and dry cleaning, operatives, milliners, mine operatives and laborers, motor operators, oilers and greasers (except auto), painters (except construction and maintenance), photographic process workers, boiler tenders, truck and tractor drivers, weavers (textile), welders and flame metals workers, and kindred workers.

8. Laborers (unskilled) - Workers in manual occupations which generally require no special training perform elementary duties that may be learned in a few days and require the application of little or no independent judgment. This includes: garage laborers; car washers and greasers; gardeners (except farm) and ground keepers; stevedores; wood choppers; laborers performing lifting, digging, mixing loading, and pulling operations; and kindred workers.

9. Service Workers - Workers in both protective and non-protective service occupations. This includes attendants (hospital and other institutions, professional and personal service, including nurses aides and orderlies), barbers, chairworkers and cleaners, cooks (except household), counter and fountain workers, elevator operators, firefighters and fire protection guards, door keepers, stewards, janitors, police officers and detectives, porters, waiters and waitresses, and kindred workers.

EXHIBIT 4

I. GENERAL INFORMATION

Name of Business : _____

Type of Business: _____

Federal Tax I.D.: _____

Address: _____

Telephone: _____

Fax: _____

Date Business Established: _____

How Long Owned: _____

II. OWNERSHIP & MANAGEMENT STRUCTURE

Business Organizational Structure:

Sole Proprietorship _____ Corporation _____ Partnership _____

LLC _____ Limited Partnership _____

List all proprietors, partners, and/or stockholders with at least 20% ownership in the business:

Name and Title: _____

Address: _____

Percent Ownership _____ Phone Number _____

Name and Title: _____

Address: _____

Percent Ownership _____ Phone Number _____

III. BANKING RELATIONSHIP DATA

Name of Bank: _____

Address: _____

Account Type(s): _____

Contact Info: _____

EXHIBIT 4

III. PROJECT BUDGET

Scope of Project:

Estimated Project Cost

() Real Property Acquisition	\$ _____
() Building Renovation	\$ _____
() Infrastructure Improvements	\$ _____
() Leasehold Improvements	\$ _____
() Purchase of Machinery/Equipment	\$ _____
() Working Capital	\$ _____
() Inventory	\$ _____
() Other - Please Specify _____	\$ _____

TOTAL PROJECT COST

\$ _____

Have any cost estimates for this project been obtained?

Yes _____ No _____

If so, for what, and when were they obtained?

IV. SOURCE(S) OF PROJECT FUNDS

Owner Equity: \$ _____ % of Total Project _____

Bank Loan: \$ _____ % of Total Project _____

Private Financing \$ _____ % of Total Project _____

Other _____ \$ _____ % of Total Project _____

TOTAL PROJECT: \$ _____

VI. DOCUMENTATION REQUIREMENTS:

EXHIBIT 4

In order to move forward with your loan application, we will need the following information:

- 1) **Brief History and Description of the business**, including market and projected business future.
(Please be prepared to provide details on any co-owned or affiliate businesses.)
 - 2) **Detailed Description of Project** and anticipated benefit from loan.
 - 3) **Personal Financial Statements** from each owner of 20% or more of the company.
 - 4) **Management Resume(s)** of all owners and key staff.
 - 5) **Current Business Financial Statement** (less than ninety (90) days old.)
 - 6) **Copy of Agreement with Provider**
 - 7) **Copy of Canceled Check**
-

EXHIBIT 4

Personal Financial Statement

As of _____, 20__

Complete this form for (1) each proprietor, or (2) each limited partner who owns 20% or more interest, and each general partner, or (3) each stockholder owning 20% or more of voting stock, or (4) any other person or entity providing a guaranty of the loan.

Name		Business Phone ()	
Residence Address		Residence Phone ()	
Business Name of Applicant/Borrower		Business Phone ()	

ASSETS	Balance (Omit Cents)	LIABILITIES	Balance (Omit Cents)
Cash on hand and in banks	\$	Accounts Payable	\$
Savings accounts and CDs	\$	Notes Payable (Section 2)	\$
IRA or other Retirement Accounts	\$	Auto Loans – Monthly Payment \$	\$
Accounts & Notes Receivable	\$	Credit Cards – Monthly Payment \$	\$
Life Insurance – Cash Value only (Section 8)	\$	Other Installment Loans (Section 5)	\$
Stocks & Bonds (Section 3)	\$	Loan on Life Insurance	\$
Real Estate (Section 4)	\$	Mortgages on Real Estate (Section 4)	\$
Automobile Yr./Make	\$	Unpaid Taxes (Section 6)	\$
Automobile Yr./Make	\$	Other Liabilities (Section 7)	\$
Other Personal Property (Section 5)	\$	Total Liabilities	\$
Other Assets (Section 5)	\$	Net Worth	\$
Total Assets	\$	Total Liabilities & Net Worth	\$

Section 1 – Source of Income	Balance	Contingent Liabilities	Balance
Salary	\$	As Endorser or Co-Maker	\$
Net Investment Income	\$	Legal Claims & Judgments	\$
Real Estate Income	\$	Provision for Federal Income Tax	\$
Other Income (Describe below)	\$	Other Special Debt	\$

Description of Other Income in Section 1

Note: Alimony or child support payments need not be disclosed in Other Income unless it is desired to have such payments counted in total income.

Section 2 -- Note Payable to Bank and Others (Use attachments as necessary. Each attachment must be identified as a part of the statement, signed and dated.)					
Name and Address of Noteholder(s)	Original Balance	Current Balance	Payment Amount	Payment Frequency	How Secured or Endorsed & Type of Collateral

EXHIBIT 5

COUNTY OF ROCKLAND
COUNTY OFFICE BUILDING, NEW CITY, N. Y. 10956

Taxpayer Identification No. 26 3870806 Date: 12/15/14
(Federal Tax Id or SSN) PAYMENT WILL NOT BE MADE WITHOUT A TAXPAYER ID NUMBER

iant:

FOR INTERNAL USE ONLY

Acct Period: ____/____
(Optional)

Document Total: _____

Single Check? _____
(Optional)

Scheduled Pay Date / /
(Optional)

Vendor's Reference Data Invoice No.

Date _____

Note: ACCOUNTING INFORMATION NOT NECESSARY IF REFERENCING AN ENCUMBRANCE

DESCRIPTION	Quantity	Unit	Unit Price	Amount	Ref Trans Code/ Ref Trans Number	Ref Line	Comm Line	Fnd	Agency	Org	Object	Project No. (Capital Projects)	Amount
4 ASSISTANCE December	1	1		1.000					F CD	9995	E4090	SC2011	\$1,000.00

WARRANTY CERTIFICATE THAT THE MERCHANDISE

CLAIMANTS CERTIFICATION

DANAT MALLEY CERTIFY
THE ABOVE ACCOUNT
AMOUNT OF \$1,000.00

CERTIFY

IS

AND CORRECT, THAT THE SERVICES, MATERIALS, SUPPLIES, OR
MENT WERE ACTUALLY RENDERED OR DELIVERED AND/OR THE
RSEMENTS ACTUALLY AND NECESSARILY MADE, AND THAT THE
NT CLAIMED REMAINS DUE: OWING AND UNPAID, AND NO PART
OF HAS BEEN PAID OR SATISFIED.

TUNE

DATE _____

INSTRUCTIONS TO CLAIMANT

1. Details of claim must be specified in description space and/or you may refer to, and attach, your invoice.
2. Supporting documents for requested reimbursement of expenses must be attached.
3. Certification at left must be signed in ink.
4. The original and duplicate copies shall be forwarded to the Department of Finance at the above address.

I HEREBY CERTIFY THAT THE MERCHANDISE
ENUMERATED IN THE ABOVE ACCOUNT(S) HAS BEEN
RECEIVED AND/OR THE SERVICES SPECIFIED PERFORMED
AND/OR THE EXPENSES CLAIMED HAVE BEEN INCURRED,
AND I APPROVE THIS CLAIM FOR PAYMENT.

Department Receiving Clerk

Date _____

Authorized Department Official

Date _____

ENT
Payment
ADDRESS

Department of Finance

Date _____

PRIVILEGED AND CONFIDENTIAL
ATTORNEY-CLIENT WORK PRODUCT



December 15, 2014

Ms. Maria Frank
Rockland County Community Development
50 Sanatorium Road
Building K
Pomona, NY 10970

Re: TA Assistance – Billing
For the Month of December 2014

<i>Month</i>			<i>Amount</i>
December 2014			\$1,000.00
<i>Total Due</i>			<i>\$1,000.00</i>

Kindly make checks payable to SBFG, LLC.

Thank you,

SBFG, LLC

EXHIBIT 5

ROCKLAND COUNTY OFFICE OF COMMUNITY DEVELOPMENT

COMMUNITY DEVELOPMENT BLOCK GRANT VOUCHER

DATE 4/18/13
PROJECT Economic Development
SUBRECIPIENT Rockland County
VENDOR SBFG, LLC
PROJECT YEAR 2012

VOUCHER NUMBER 999565, THE
VOUCHER FOR THIS ITEM WORK ON THE ABOVE CONTRACT IS COVERED BY THE
COMMUNITY DEVELOPMENT BLOCK GRANT PROGRAM.

TOTAL ALLOCATED	\$ <u>1,000.00</u>
TOTAL PREVIOUSLY REQUESTED	\$ <u>0.00</u>
BALANCE TO DATE	\$ <u>1,000.00</u>
AMOUNT OF ENCLOSED VOUCHER	\$ <u>1,000.00</u>
BALANCE REMAINING	\$ <u>0.00</u>

AS THE ABOVE TABULATION SHOWS A BALANCE TO DATE IN THE CDBG ALLOCATION,
PLEASE UTILIZE OUR LETTER OF CREDIT TO PAY THE ATTACHED.

VOUCHER ENTRY PROJECTS INFORMATION

PROJECT BUSINESS UNIT CORA

PROJECT SC201

ACTIVITY GEN

SOURCE TYPE CD

CATEGORY OTH

SUBCATEGORY

IDIS USE ONLY

VOUCHER = 5/3/13

HUD ACCT = Trust Acct.

**PRIVILEGED AND CONFIDENTIAL
ATTORNEY CLIENT WORK PRODUCT**

EXHIBIT 5

STANDARD VOUCHER

VOUCHER

No. 999565

COUNTY OF ROCKLAND
COUNTY OFFICE BUILDING, NEW CITY, N. Y. 10956

Taxpayer Identification No. _____

Date: 4/18/13

(Federal Tax Id or SSN) PAYMENT WILL NOT BE MADE WITHOUT A TAXPAYER ID NUMBER

Claimant: SBFG, LLC

One Kelly Court

Suite 201

Tomkins Cove, NY 10986

FOR INTERNAL USE ONLY

Acct Period: ____/____/____
(Optional)

Document Total: _____

Single Check? ____
(Optional)

Scheduled Pay Date ____/____/____
(Optional)

Vendor's Reference Data Invoice No.

Date

Note: ACCOUNTING INFORMATION NOT NECESSARY IF REFERENCING AN ENCUMBRANCE

DESCRIPTION	Quantity	Unit	Unit Price	Amount	Ref Trans Code/ Ref Trans Number	Ref Line	Comm Line	Fnd	Agency	Org	Object	Project No. (Capital Projects)	Amount
IA Assistance -				\$ 1,000.00					F	CD	9995E4090	SC2012	\$ 1,000.00
April 2013													

CLAIMANTS CERTIFICATION

I, Jessica Sampson
THAT THE ABOVE ACCOUNT
IN THE AMOUNT OF \$ 1,000.00

CERTIFY

IS
TRUE AND CORRECT, THAT THE SERVICES, MATERIALS, SUPPLIES, OR
EQUIPMENT WERE ACTUALLY RENDERED OR DELIVERED AND/OR THE
DISBURSEMENTS ACTUALLY AND NECESSARILY MADE, AND THAT THE
AMOUNT CLAIMED REMAINS DUE: OWING AND UNPAID, AND NO PART
THEREOF HAS BEEN PAID OR SATISFIED.

SIGNATURE Jessica Sampson 4/18/13
DATE

TITLE Senior Community Barber

TOTAL 1,000.00

INSTRUCTIONS
TO CLAIMANT

1. Details of claim must be specified in description space and/or you may refer to, and attach, your invoice.
2. Supporting documents for requested reimbursement of expenses must be attached.
3. Certification at left must be signed in ink.
4. The original and duplicate copies shall be forwarded to the Department of Finance at the above address.

I HEREBY CERTIFY THAT THE MERCHANDISE
ENUMERATED IN THE ABOVE ACCOUNT(S) HAS BEEN
RECEIVED AND/OR THE SERVICES SPECIFIED PERFORMED
AND/OR THE EXPENSES CLAIMED HAVE BEEN INCURRED,
AND I APPROVE THIS CLAIM FOR PAYMENT.

Department Receiving Clerk

4/19/13

Date

Authorized Department Official

Date

Approved

Department of Finance

Date

PRIVILEGED AND CONFIDENTIAL
ATTORNEY CLIENT WORK PRODUCT

EXHIBIT 5



April 15, 2013

Joseph F Abate
Rockland County Community Development
50 Sanatorium Road
Pomona NY 10970

RE: TA assistance
Billing

<i>Month</i>	<i>April</i>		<i>\$1,000.00</i>
<i>Total Due</i>			<i>\$1,000.00</i>

Kindly make checks payable to SBFG, LLC.

Surrey Valley
paid
w/o
Contract

EXHIBIT 5
ROCKLAND COUNTY OFFICE OF COMMUNITY DEVELOPMENT
COMMUNITY DEVELOPMENT BLOCK GRANT PROGRAM VOUCHER

DATE:

12/1/12

PROJECT

Economic Development Initiative

MUNICIPALITY

VENDOR

SBFG LLC

PROJECT YEAR

2012

VOUCHER NUMBER

983865, THE 2nd ~~of~~ ~~3~~ ~~4~~ ~~5~~

VOUCHER FOR THIS ITEM. WORK ON THE ABOVE CONTRACT IS COVERED BY THE COMMUNITY DEVELOPMENT BLOCK GRANT PROGRAM.

TOTAL ALLOCATED

\$ 1000.00

TOTAL PREVIOUSLY REQUESTED

\$ Ø

BALANCE TO DATE

\$ 1000.00

AMOUNT OF ENCLOSED VOUCHER

\$ 1000.00

BALANCE REMAINING

\$ Ø

AS THE ABOVE TABULATION SHOWS A BALANCE TO DATE IN THE CDBG ALLOCATION, WE SHOULD UTILIZE OUR LETTER OF CREDIT TO PAY THE ENCLOSED.

**Voucher Entry
Projects Information**

Project Business Unit: COR01

Project: CD1272

Activity: GEN

Source Type: CD

Category: OTH

Subcategory: _____

FOR IDIS USE ONLY:

VOUCHER # 5508881

HUD ACCT # 1346

**PRIVILEGED AND CONFIDENTIAL
ATTORNEY CLIENT WORK PRODUCT**

EXHIBIT 5

ROCKLAND COUNTY OFFICE OF COMMUNITY DEVELOPMENT COMMUNITY DEVELOPMENT BLOCK GRANT VOUCHER

DATE 10/12/12
PROJECT EDI
~~SUBRECIPIENT Rockland County~~
VENDOR SBFG, LLC
PROJECT YEAR 2012
VOUCHER NUMBER 801824, THE 1st
VOUCHER FOR THIS ITEM WORK ON THE ABOVE CONTRACT IS COVERED BY THE
COMMUNITY DEVELOPMENT BLOCK GRANT PROGRAM

TOTAL ALLOCATED	\$ <u>1,865,000.00</u>
TOTAL PREVIOUSLY REQUESTED	\$ <u>0.00</u>
BALANCE TO DATE	\$ <u>1,865,000.00</u>
AMOUNT OF ENCLOSED VOUCHER	\$ <u>15,057.87</u>
BALANCE REMAINING	\$ <u>1,849,942.13</u>

AS THE ABOVE TABULATION SHOWS A BALANCE TO DATE IN THE CDBG ALLOCATION
PLEASE UTILIZE OUR LETTER OF CREDIT TO PAY THE ATTACHED

VOUCHER ENTRY
PROJECTS INFORMATION

IDIS USE ONLY

PROJECT BUSINESS UNIT CCRO

VOUCHER = _____

PROJECT CD2011

HUB ACCT = ~~Chase Bank~~

Chase Bank

ACTIVITY GEN

SOURCE TYPE CE

CATEGORY OTH

SUBCATEGORY

**PRIVILEGED AND CONFIDENTIAL
ATTORNEY CLIENT WORK PRODUCT**

TELEPHONE
(845) 638-5418

EXHIBIT 5
STANDARD VOUCHER

VOUCHER
No. 983865

COUNTY OF ROCKLAND
COUNTY OFFICE BUILDING, NEW CITY, N. Y. 10956

Taxpayer Identification No. 26-3890806
(Federal Tax Id or SSN) PAYMENT WILL NOT BE MADE WITHOUT A TAXPAYER ID NUMBER

Date: 12/4/12

Claimant:

SBF G. LLC

1 Kelly Ct Ste 201
Tombkins Cove NY 10986

FOR INTERNAL USE ONLY

Acct Period: / /
(Optional)

Document Total:

Single Check?
(Optional)

Scheduled Pay Date / /
(Optional)

Vendor's Reference Data Invoice No.

Date

Note: ACCOUNTING INFORMATION NOT NECESSARY IF REFERENCING AN ENCUMBRANCE

DESCRIPTION	Quantity	Unit.	Unit Price	Amount	Ref Trans Code/ Ref Trans Number	Ref Line	Comm Line	Fnd	Agency	Org	Object	Project No. (Capital Projects)	Amount
Technical Assistance for Economic Development - November				\$1,000.00									\$1,000.00

CLAIMANTS CERTIFICATION

I, DANA F. MACLELL CERTIFY
THAT THE ABOVE ACCOUNT
IN THE AMOUNT OF \$ 6,000.00

IS
TRUE AND CORRECT, THAT THE SERVICES, MATERIALS, SUPPLIES, OR
EQUIPMENT WERE ACTUALLY RENDERED OR DELIVERED AND/OR THE
DISBURSEMENTS ACTUALLY AND NECESSARILY MADE, AND THAT THE
AMOUNT CLAIMED REMAINS DUE: OWING AND UNPAID, AND NO PART
THEREOF HAS BEEN PAID OR SATISFIED.

SIGNATURE

DATE

TITLE Member

TOTAL \$1,000.00

INSTRUCTIONS
TO CLAIMANT

1. Details of claim must be specified in description space and/or you may refer to, and attach, your invoice.
2. Supporting documents for requested reimbursement of expenses must be attached.

3. Certification at left must be signed in ink

4. The original and duplicate copies shall be forwarded to the Department of Finance at the above address.

I HEREBY CERTIFY THAT THE MERCHANDISE
ENUMERATED IN THE ABOVE ACCOUNT(S) HAS BEEN
RECEIVED AND/OR THE SERVICES SPECIFIED PERFORMED
AND/OR THE EXPENSES CLAIMED HAVE BEEN INCURRED
AND I APPROVE THIS CLAIM FOR PAYMENT.

Department Receiving Clerk

Authorized Department Official

Signature

Department of Finance

Date

PRIVILEGED AND CONFIDENTIAL
ORIGINAL CLIENT WORK PRODUCT



December 5, 2012

Joseph F Abate
Rockland County Community Development
50 Sanatorium Road
Pomona NY 10970

RE: TA assistance
Billing

Month	November		\$1,000.00
Total Due			\$1,000.00

Kindly make checks payable to SBFG, LLC.

EXHIBIT 5

ROCKLAND COUNTY OFFICE OF COMMUNITY DEVELOPMENT

COMMUNITY DEVELOPMENT BLOCK GRANT VOUCHER

DATE

1/3/13

PROJECT

Economic Development Initiative

SUBRECIPIENT

Rockland County

VENDOR

SBFG

PROJECT YEAR

2011

VOUCHER NUMBER

983867

THE

13th

VOUCHER FOR THIS ITEM. WORK ON THE ABOVE CONTRACT IS COVERED BY THE
COMMUNITY DEVELOPMENT BLOCK GRANT PROGRAM.

TOTAL ALLOCATED

\$ 65,000.00

TOTAL PREVIOUSLY REQUESTED

\$ 59,890.93

BALANCE TO DATE

\$ 5,109.07

AMOUNT OF ENCLOSED VOUCHER

\$ 1,000.00

BALANCE REMAINING

\$ 4,109.07

AS THE ABOVE TABULATION SHOWS A BALANCE TO DATE IN THE CDBG ALLOCATION,
PLEASE UTILIZE OUR LETTER OF CREDIT TO PAY THE ATTACHED

VOUCHER ENTRY
PROJECTS INFORMATION

PROJECT BUSINESS UNIT CCRM

PROJECT CD2012

ACTIVITY GEN

SOURCE TYPE CD

CATEGORY OTH

SUBCATEGORY

IDIS USE ONLY

VOUCHER = 5523542

HUD ACCT = 1472

PRIVILEGED AND CONFIDENTIAL
ATTORNEY CLIENT WORK PRODUCT

TELEPHONE
(845) 638-5418

EXHIBIT 5
STANDARD VOUCHER

VOUCHER No. 983867

COUNTY OF ROCKLAND
COUNTY OFFICE BUILDING, NEW CITY, N. Y. 10956

Claimant:

SBFG, LLC

Taxpayer Identification No. 26-3890806
(Federal Tax Id or SSN) PAYMENT WILL NOT BE MADE WITHOUT A TAXPAYER ID NUMBER

Date: 12/26/12

ONE Kelly Ct

STE 201

Tomkins Cove NY 10986

FOR INTERNAL USE ONLY

Acct Period: ___/___/___
(Optional)

Document Total: _____

Single Check? ___
(Optional)

Scheduled Pay Date ___/___/___
(Optional)

Vendor's Reference Data Invoice No.

Date

Note: ACCOUNTING INFORMATION NOT NECESSARY IF REFERENCING AN ENCUMBRANCE

DESCRIPTION	Quantity	Unit	Unit Price	Amount	Ref Trans Code/ Ref Trans Number	Ref Line	Comm Line	Fnd	Agency	Org	Object	Project No. (Capital Projects)	Amount
T.A. Support				\$1,000.00					F	CD	9995	4090CD1172	\$1,000.00
December													

CLAIMANT'S CERTIFICATION

I, DANA I. MALLORY CERTIFY
THAT THE ABOVE ACCOUNT
IN THE AMOUNT OF \$ 1,000.00

IS
TRUE AND CORRECT, THAT THE SERVICES, MATERIALS, SUPPLIES, OR
EQUIPMENT WERE ACTUALLY RENDERED OR DELIVERED AND/OR THE
DISBURSEMENTS ACTUALLY AND NECESSARILY MADE, AND THAT THE
AMOUNT CLAIMED REMAINS DUE: OWING AND UNPAID, AND NO PART
THEREOF HAS BEEN PAID OR SATISFIED.

SIGNATURE

12/26/12
DATE

TITLE

TOTAL \$1,000.00

INSTRUCTIONS
TO CLAIMANT

- Details of claim must be specified in description space and/or you may refer to, and attach, your invoice.
- Supporting documents for requested reimbursement of expenses must be attached.
- Certification at left must be signed in ink
- In original and duplicate copies, shall be forwarded to the Department of Finance at the above address.

I HEREBY CERTIFY THAT THE MERCHANDISE
ENUMERATED IN THE ABOVE ACCOUNT(S) HAS BEEN
RECEIVED AND/OR THE SERVICES SPECIFIED PERFORMED
AND/OR THE EXPENSES CLAIMED HAVE BEEN INCURRED,
AND I APPROVE THIS CLAIM FOR PAYMENT.

Department Receiving Clerk

Date

Authorized Department Official

Date

PRIVILEGED AND CONFIDENTIAL
ATTORNEY CLIENT WORK PRODUCT



December 26, 2012

Joseph F Abate
Rockland County Community Development
50 Sanatorium Road
Pomona NY 10970

RE: TA assistance
Billing

Month	December		\$1,000.00
Total Due			\$1,000.00

Kindly make checks payable to SBFG, LLC.

EXHIBIT 5

ROCKLAND COUNTY OFFICE OF COMMUNITY DEVELOPMENT

COMMUNITY DEVELOPMENT BLOCK GRANT VOUCHER

DATE

1/30/13

PROJECT

Economic Development Initiative

SUBRECIPIENT

VENDOR

PROJECT YEAR

2012

VOUCHER NUMBER

983871

THE

3rd

VOUCHER FOR THIS ITEM. WORK ON THE ABOVE CONTRACT IS COVERED BY THE
COMMUNITY DEVELOPMENT BLOCK GRANT PROGRAM.

TOTAL ALLOCATED

\$ 1,000.00

TOTAL PREVIOUSLY REQUESTED

\$ Ø

BALANCE TO DATE

\$ 1,000.00

AMOUNT OF ENCLOSED VOUCHER

\$ 1,000.00

BALANCE REMAINING

\$ Ø

AS THE ABOVE TABULATION SHOWS A BALANCE TO DATE IN THE CDBG ALLOCATION,
PLEASE UTILIZE OUR LETTER OF CREDIT TO PAY THE ATTACHED.

VOUCHER ENTRY
PROJECTS INFORMATION

PROJECT BUSINESS UNIT: CCRC

PROJECT

CD.1212

ACTIVITY

GEN

SOURCE TYPE

CD

CATEGORY

OTH

SUBCATEGORY

IDIS USE ONLY

VOUCHER #

HUD ACCT =

Trust Acct

**PRIVILEGED AND CONFIDENTIAL
ATTORNEY CLIENT WORK PRODUCT**

TELEPHONE
(845) 638-5418

EXHIBIT 5
STANDARD VOUCHER

VOUCHER
No. 983871

COUNTY OF ROCKLAND
COUNTY OFFICE BUILDING, NEW CITY, N. Y. 10956

Taxpayer Identification No. 26-3890806 Date: 1/15/13
(Federal Tax Id or SSN) PAYMENT WILL NOT BE MADE WITHOUT A TAXPAYER ID NUMBER

Claimant: S.B.F.G. LLC

1 Kelly Court

Suite 201

Tonkins Cove, NY 10986

FOR INTERNAL USE ONLY

Acct Period: / /
(Optional)

Document Total:

Single Check?
(Optional)

Scheduled Pay Date / /
(Optional)

Vendor's Reference Data Invoice No.

Date

Note: ACCOUNTING INFORMATION NOT NECESSARY IF REFERENCING AN ENCUMBRANCE

DESCRIPTION	Quantity	Unit	Unit Price	Amount	Ref Trans Code/ Ref Trans Number	Ref Line	Comm Line	Fnd	Agency	Org	Object	Project No. (Capital Projects)	Amount
TECHNICAL ASSISTANCE FOR ECONOMIC DEVELOPMENT FOR JANUARY				\$ 1,000.-									

CLAIMANTS CERTIFICATION

I, DANIEL MALEY CERTIFY
THAT THE ABOVE ACCOUNT
IN THE AMOUNT OF \$ 1,000 IS

TRUE AND CORRECT, THAT THE SERVICES, MATERIALS, SUPPLIES, OR
EQUIPMENT WERE ACTUALLY RENDERED OR DELIVERED AND/OR THE
DISBURSEMENTS ACTUALLY AND NECESSARILY MADE, AND THAT THE
AMOUNT CLAIMED REMAINS DUE: OWING AND UNPAID, AND NO PART
THEREOF HAS BEEN PAID OR SATISFIED.

SIGNATURE [Signature] DATE 1/30/13

TITLE Member

TOTAL \$ 1,000

INSTRUCTIONS
TO CLAIMANT

1. Details of claim must be specified in description space and/or you may refer to, and attach, your invoice.
2. Supporting documents for requested reimbursement of expenses must be attached.
3. Certification at left must be signed in ink
4. The original and duplicate copies shall be forwarded to the Department of Finance at the above address.

I HEREBY CERTIFY THAT THE MERCHANDISE
ENUMERATED IN THE ABOVE ACCOUNT(S) HAS BEEN
RECEIVED AND/OR THE SERVICES SPECIFIED PERFORMED
AND/OR THE EXPENSES CLAIMED HAVE BEEN INCURRED.
AND I APPROVE THIS CLAIM FOR PAYMENT.

Department Receiving Clerk [Signature] Date 1/30/13

Authorized Department Official [Signature] Date 1/30/13

PRIVILEGED AND CONFIDENTIAL
ATTORNEY CLIENT WORK PRODUCT



January 15, 2013

Joseph F Abate
Rockland County Community Development
50 Sanatorium Road
Pomona NY 10970

RE: TA assistance
Billing

Month	January		\$1,000.00
Total Due			\$1,000.00

Kindly make checks payable to SBFG, LLC.

EXHIBIT 5

ROCKLAND COUNTY OFFICE OF COMMUNITY DEVELOPMENT

COMMUNITY DEVELOPMENT BLOCK GRANT VOUCHER

DATE

2/21/13

PROJECT

Economic Development Initiative

SUBRECIPIENT

VENDOR

SRFG, Inc.

PROJECT YEAR

2012

VOUCHER NUMBER

THE

4th

VOUCHER FOR THIS ITEM. WORK ON THE ABOVE CONTRACT IS COVERED BY THE
COMMUNITY DEVELOPMENT BLOCK GRANT PROGRAM.

TOTAL ALLOCATED

\$ 1,000.00

TOTAL PREVIOUSLY REQUESTED

\$ 0.00

BALANCE TO DATE

\$ 1,000.00

AMOUNT OF ENCLOSED VOUCHER

\$ 1,000.00

BALANCE REMAINING

\$ 0.00

AS THE ABOVE TABULATION SHOWS A BALANCE TO DATE IN THE CDBG ALLOCATION,
PLEASE UTILIZE OUR LETTER OF CREDIT TO PAY THE ATTACHED.

VOUCHER ENTRY
PROJECTS INFORMATION

PROJECT BUSINESS UNIT CC001

PROJECT

CDR72

ACTIVITY

GEN

SOURCE TYPE

CD

CATEGORY

OTH

SUBCATEGORY

IDIS USE ONLY

VOUCHER # 5538082

HLI ACCT = Trust Acct.

[Signature]

**PRIVILEGED AND CONFIDENTIAL
ATTORNEY CLIENT WORK PRODUCT**

TELEPHONE
(845) 638-5418

EXHIBIT 5
STANDARD VOUCHER

VOUCHER No. 983872

COUNTY OF ROCKLAND
COUNTY OFFICE BUILDING, NEW CITY, N. Y. 10956

Taxpayer Identification No. 26-3890806 Date: 2/16/13
(Federal Tax Id or SSN) PAYMENT WILL NOT BE MADE WITHOUT A TAXPAYER ID NUMBER

Claimant:

SDFG, LLC

1 Kelly Court

Suite 201

Tombkins Cove, NY 10988

FOR INTERNAL USE ONLY

Acct Period: / /
(Optional)

Document Total:

Single Check?
(Optional)

Scheduled Pay Date / /
(Optional)

Vendor's Reference Data

Invoice No.

Date

Note: ACCOUNTING INFORMATION NOT NECESSARY IF REFERENCING AN ENCUMBRANCE

DESCRIPTION	Quantity	Unit	Unit Price	Amount	Ref Trans Code/ Ref Trans Number	Ref Line	Comm Line	Fnd	Agency	Org	Object	Project No. (Capital Projects)	Amount
Technical Assistance Development for February				^a 1,000					F	CD	9995	E4090 CD1272	\$ 1,000.00

CLAIMANTS CERTIFICATION

I, DANA MALLEY CERTIFY
THAT THE ABOVE ACCOUNT
IN THE AMOUNT OF \$ 1,000

IS
TRUE AND CORRECT, THAT THE SERVICES, MATERIALS, SUPPLIES, OR
EQUIPMENT WERE ACTUALLY RENDERED OR DELIVERED AND/OR THE
DISBURSEMENTS ACTUALLY AND NECESSARILY MADE, AND THAT THE
AMOUNT CLAIMED REMAINS DUE: OWING AND UNPAID, AND NO PART
THEREOF HAS BEEN PAID OR SATISFIED.

SIGNATURE

DATE

INSTRUCTIONS
TO CLAIMANT

1. Details of claim must be specified in description space and/or you may refer to, and attach, your invoice.
2. Supporting documents for requested reimbursement of expenses must be attached.
3. Certification at left must be signed in ink

4. The original and duplicate copies shall be forwarded to the Department of Finance at the above address.

I HEREBY CERTIFY THAT THE MERCHANDISE
ENUMERATED IN THE ABOVE ACCOUNT(S) HAS BEEN
RECEIVED AND/OR THE SERVICES SPECIFIED PERFORMED
AND/OR THE EXPENSES CLAIMED HAVE BEEN INCURRED
AND I APPROVE THIS CLAIM FOR PAYMENT.

Department Receiving Clerk

Date

Authorized Department Official

Date

Payment
Approved

Department of Finance

Date

PRIVILEGED AND CONFIDENTIAL
ATTORNEY CLIENT WORK PRODUCT

EXHIBIT 5

ROCKLAND COUNTY OFFICE OF COMMUNITY DEVELOPMENT

COMMUNITY DEVELOPMENT BLOCK GRANT VOUCHER

DATE

3/23/13

PROJECT

Economic Development T.A.

SUBRECIPIENT

SBFG, LLC

VENDOR

PROJECT YEAR

2012

VOUCHER NUMBER

1000887

THE

VOUCHER FOR THIS ITEM. WORK ON THE ABOVE CONTRACT IS COVERED BY THE
COMMUNITY DEVELOPMENT BLOCK GRANT PROGRAM.

TOTAL ALLOCATED

\$ 20,000.00

TOTAL PREVIOUSLY REQUESTED

\$ 15,303.40

BALANCE TO DATE

\$ 4,696.60

AMOUNT OF ENCLOSED VOUCHER

\$ 1,000.00

BALANCE REMAINING

\$ 3,696.60

AS THE ABOVE TABULATION SHOWS A BALANCE TO DATE IN THE CDBG ALLOCATION,
PLEASE UTILIZE OUR LETTER OF CREDIT TO PAY THE ATTACHED.

VOUCHER ENTRY
PROJECTS INFORMATION

PROJECT BUSINESS UNIT: CCR01

PROJECT

CD1272

ACTIVITY

GEN

SOURCE TYPE

CD

CATEGORY

OTH

SUBCATEGORY

IDIS USE ONLY

VOUCHER #

5547315

HUD ACCT #

Trust Acct.

**PRIVILEGED AND CONFIDENTIAL
ATTORNEY CLIENT WORK PRODUCT**

EXHIBIT 5 STANDARD VOUCHER

VOUCHER
No. 1000887

COUNTY OF ROCKLAND
COUNTY OFFICE BUILDING, NEW CITY, N. Y. 10956

Taxpayer Identification No. _____
(Federal Tax Id or SSN) PAYMENT WILL NOT BE MADE WITHOUT A TAXPAYER ID NUMBER

Date: 3/20/13

Claimant: SBFG, LLC

One Kelly Court

Suite 201

Tomkins Cove, NY 10986

FOR INTERNAL USE ONLY

Acct Period: ____/____/____
(Optional)

Document Total: _____

Single Check? ____
(Optional)

Scheduled Pay Date ____/____/____
(Optional)

Vendor's Reference Data Invoice No.

Date

Note: ACCOUNTING INFORMATION NOT NECESSARY IF REFERENCING AN ENCUMBRANCE

DESCRIPTION	Quantity	Unit	Unit Price	Amount	Ref Trans Code/ Ref Trans Number	Ref Line	Comm Line	Fnd	Agency	Org	Object	Project No. (Capital Projects)	Amount
Technical Assistance				\$ 1,000.00				F	CD	9995	E4090	CD1272	\$ 1,000.00
March 2013													

CLAIMANTS CERTIFICATION

I, Jessica Sampson CERTIFY
THAT THE ABOVE ACCOUNT
IN THE AMOUNT OF \$ 1,000.00

IS
TRUE AND CORRECT, THAT THE SERVICES, MATERIALS, SUPPLIES, OR
EQUIPMENT WERE ACTUALLY RENDERED OR DELIVERED AND/OR THE
DISBURSEMENTS ACTUALLY AND NECESSARILY MADE, AND THAT THE
AMOUNT CLAIMED REMAINS DUE: OWING AND UNPAID, AND NO PART
THEREOF HAS BEEN PAID OR SATISFIED.

SIGNATURE Jessica Sampson 3/20/13
DATE

TITLE Senior Community Builder

TOTAL \$ 1,000.00

INSTRUCTIONS TO CLAIMANT

- Details of claim must be specified in description space and/or you may refer to, and attach, your invoice.
- Supporting documents for requested reimbursement of expenses must be attached.
- Certification at left must be signed in ink.
- The original and duplicate copies shall be forwarded to the Department of Finance at the above address.

I HEREBY CERTIFY THAT THE MERCHANDISE
ENUMERATED IN THE ABOVE ACCOUNT(S) HAS BEEN
RECEIVED AND/OR THE SERVICES SPECIFIED PERFORMED
AND/OR THE EXPENSES CLAIMED HAVE BEEN INCURRED,
AND I APPROVE THIS CLAIM FOR PAYMENT.

Department Receiving Clerk

Authorized Department Official

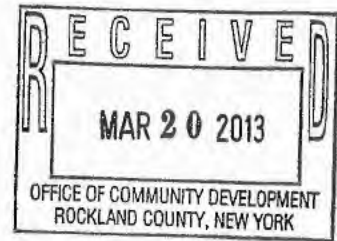
Date

3/21/13

Date

PRIVILEGED AND CONFIDENTIAL

ATTORNEY CLIENT WORK PRODUCT



March 15, 2013

Joseph F Abate
Rockland County Community Development
50 Sanatorium Road
Pomona NY 10970

RE: TA assistance
Billing

<i>Month</i>	<i>March</i>		<i>\$1,000.00</i>
<i>Total Due</i>			<i>\$1,000.00</i>

Kindly make checks payable to SBFG, LLC.

EXHIBIT 5

ROCKLAND COUNTY OFFICE OF COMMUNITY DEVELOPMENT COMMUNITY DEVELOPMENT BLOCK GRANT VOUCHER

DATE 7/15/13
PROJECT Rockland County Economic Development Initiative
SUBRECIPIENT Rockland County
VENDOR SBFG, LLC.
PROJECT YEAR 2012

VOUCHER NUMBER 983874, THE
VOUCHER FOR THIS ITEM. WORK ON THE ABOVE CONTRACT IS COVERED BY THE
COMMUNITY DEVELOPMENT BLOCK GRANT PROGRAM.

TOTAL ALLOCATED	\$ 1,867,000.00
TOTAL PREVIOUSLY REQUESTED	\$ _____
BALANCE TO DATE	\$ _____
AMOUNT OF ENCLOSED VOUCHER	\$ <u>1,000.00</u>
BALANCE REMAINING	\$ _____

AS THE ABOVE TABULATION SHOWS A BALANCE TO DATE IN THE CDBG ALLOCATION.
PLEASE UTILIZE OUR LETTER OF CREDIT TO PAY THE ATTACHED.

VOUCHER ENTRY PROJECTS INFORMATION

PROJECT BUSINESS UNIT: COR01

PROJECT SC2012

ACTIVITY GEN

SOURCE TYPE CD

CATEGORY OTH

IDIS USE ONLY

VOUCHER # _____

HUD ACCT # Trust Acct.

**PRIVILEGED AND CONFIDENTIAL
ATTORNEY CLIENT WORK PRODUCT**

TELEPHONE
(845) 638-5418

EXHIBIT 5
STANDARD VOUCHER

VOUCHER
No. 983874

COUNTY OF ROCKLAND
COUNTY OFFICE BUILDING, NEW CITY, N. Y. 10956

Taxpayer Identification No. 26-3890806
(Federal Tax Id or SSN) PAYMENT WILL NOT BE MADE WITHOUT A TAXPAYER ID NUMBER

Date: 7/8/13

Claimant:

S BFG, LLC
1 Kelly Court
Suite 201
Tonkins Cove, NY
10986

FOR INTERNAL USE ONLY

Acct Period: / /
(Optional)

Document Total:

Single Check?
(Optional)

Scheduled Pay Date / /
(Optional)

Vendor's Reference Data Invoice No.

Date

Note: ACCOUNTING INFORMATION NOT NECESSARY IF REFERENCING AN ENCUMBRANCE

DESCRIPTION	Quantity	Unit	Unit Price	Amount	Ref Trans Code/ Ref Trans Number	Ref Line	Comm Line	Fnd	Agency	Org	Object	Project No. (Capital Projects)	Amount
TA Assistance for May	1		1	\$ 1,000.00					F	CD	9995 E4000	SC2012	\$ 1,000.00

CLAIMANTS CERTIFICATION

I, DANA T. Kralley
THAT THE ABOVE ACCOUNT
IN THE AMOUNT OF \$ 1,000.00

CERTIFY

IS
TRUE AND CORRECT, THAT THE SERVICES, MATERIALS, SUPPLIES, OR
EQUIPMENT WERE ACTUALLY RENDERED OR DELIVERED AND/OR THE
DISBURSEMENTS ACTUALLY AND NECESSARILY MADE, AND THAT THE
AMOUNT CLAIMED REMAINS DUE: OWING AND UNPAID, AND NO PART
THEREOF HAS BEEN PAID OR SATISFIED.

SIGNATURE

DATE

TITLE Clerk / Member

TOTAL \$ 1,000.00

INSTRUCTIONS
TO CLAIMANT

1. Details of claim must be specified in description space and/or you may refer to, and attach, your invoice.
2. Supporting documents for requested reimbursement of expenses must be attached.
3. Certification at left must be signed in ink.
4. The original and duplicate copies shall be forwarded to the Department of Finance at the above address.

I HEREBY CERTIFY THAT THE MERCHANDISE
ENUMERATED IN THE ABOVE ACCOUNT(S) HAS BEEN
RECEIVED AND/OR THE SERVICES SPECIFIED PERFORMED
AND/OR THE EXPENSES CLAIMED HAVE BEEN INCURRED,
AND I APPROVE THIS CLAIM FOR PAYMENT.

Department Receiving Clerk

Date

Authorized Department Official

Date

Approved

PRIVILEGED AND CONFIDENTIAL
ATTORNEY CLIENT WORK PRODUCT



July 8, 2013

Joseph F Abate
Rockland County Community Development
50 Sanatorium Road
Pomona NY 10970

RE: TA assistance
Billing for **MAY**

<i>Month</i>	<i>May</i>		<i>\$1,000.00</i>
<i>Total Due</i>			<i>\$1,000.00</i>

Kindly make checks payable to SBFG, LLC.

EXHIBIT 5

ROCKLAND COUNTY OFFICE OF COMMUNITY DEVELOPMENT

COMMUNITY DEVELOPMENT BLOCK GRANT VOUCHER

DATE 7/2/13
PROJECT ED Technical Assistance
SUBRECIPIENT SBFG, LLC
VENDOR SBFG, LLC
PROJECT YEAR 2012
VOUCHER NUMBER 983873, THE
VOUCHER FOR THIS ITEM WORK ON THE ABOVE CONTRACT IS COVERED BY THE
COMMUNITY DEVELOPMENT BLOCK GRANT PROGRAM.

TOTAL ALLOCATED	\$ <u>1,000.00</u>
TOTAL PREVIOUSLY REQUESTED	\$ <u>0.00</u>
BALANCE TO DATE	\$ <u>1,000.00</u>
AMOUNT OF ENCLOSED VOUCHER	\$ <u>1,000.00</u>
BALANCE REMAINING	\$ <u>0.00</u>

AS THE ABOVE TABULATION SHOWS A BALANCE TO DATE IN THE CDBG ALLOCATION,
PLEASE UTILIZE OUR LETTER OF CREDIT TO PAY THE ATTACHED.

VOUCHER ENTRY
PROJECTS INFORMATION

PROJECT BUSINESS UNIT CCROI

PROJECT SC2012

ACTIVITY GEN

SOURCE TYPE CD

CATEGORY OTH

SUBCATEGORY

IDIS USE ONLY

VOUCHER = 7/12/13

HUD ACCT = TRUST ACCT.

PRIVILEGED AND CONFIDENTIAL
ATTORNEY CLIENT WORK PRODUCT

4. The original and duplicate copies shall be forwarded to the Department of Finance at the above address.



June 14, 2013

Joseph F Abate
Rockland County Community Development
50 Sanatorium Road
Pomona NY 10970

RE: TA assistance
Billing

<i>Month</i>	<i>June</i>		<i>\$1,000.00</i>
<i>Total Due</i>			<i>\$1,000.00</i>

Kindly make checks payable to SBFG, LLC.

EXHIBIT 5

ROCKLAND COUNTY OFFICE OF COMMUNITY DEVELOPMENT COMMUNITY DEVELOPMENT BLOCK GRANT VOUCHER

DATE 7/18/13
PROJECT Rockland County Economic Development Initiative
SUBRECIPIENT Rockland County
VENDOR SBSFG, LLC
PROJECT YEAR 2012

VOUCHER NUMBER 983648, THE
VOUCHER FOR THIS ITEM. WORK ON THE ABOVE CONTRACT IS COVERED BY THE
COMMUNITY DEVELOPMENT BLOCK GRANT PROGRAM.

TOTAL ALLOCATED	\$ 1,867,000.00
TOTAL PREVIOUSLY REQUESTED	\$ _____
BALANCE TO DATE	\$ _____
AMOUNT OF ENCLOSED VOUCHER	\$ <u>1,000.00</u>
BALANCE REMAINING	\$ _____

AS THE ABOVE TABULATION SHOWS A BALANCE TO DATE IN THE CDBG ALLOCATION.
PLEASE UTILIZE OUR LETTER OF CREDIT TO PAY THE ATTACHED.

VOUCHER ENTRY PROJECTS INFORMATION

PROJECT BUSINESS UNIT: COR01

PROJECT SC2012

ACTIVITY GEN

SOURCE TYPE CD

CATEGORY OTH

IDIS USE ONLY

VOUCHER # _____

HUD ACCT # Trust Acct

**PRIVILEGED AND CONFIDENTIAL
ATTORNEY CLIENT WORK PRODUCT**

TELEPHONE
(845) 638-5418

EXHIBIT 5
STANDARD VOUCHER

VOUCHER
No. 983648

COUNTY OF ROCKLAND
COUNTY OFFICE BUILDING, NEW CITY, N. Y. 10956

Taxpayer Identification No. 26-389086
(Federal Tax Id or SSN) PAYMENT WILL NOT BE MADE WITHOUT A TAXPAYER ID NUMBER

Date: 7/15/2013

Claimant:

SBSG, LLC

1 Kelly Court

Suite 201

Tonkins Cove, NY 10986

FOR INTERNAL USE ONLY

Acct Period: / /
(Optional)

Document Total:

Single Check?
(Optional)

Scheduled Pay Date / /
(Optional)

Vendor's Reference Data Invoice No.

Date

Note: ACCOUNTING INFORMATION NOT NECESSARY IF REFERENCING AN ENCUMBRANCE

DESCRIPTION

Quantity Unit Unit Price Amount

TA ASSISTANCE
FOR JULY 2013

1

1

\$1,000.00

Ref Trans Code/ Ref Trans Number Ref Line Comm Line Fnd Agency Org Object Project No. (Capital Projects) Amount

F CD 9995E090 SC2012 \$1,000.00

CLAIMANT'S CERTIFICATION

I, Diana I. MacLean CERTIFY
THAT THE ABOVE ACCOUNT
IN THE AMOUNT OF \$1,000.00

IS
TRUE AND CORRECT, THAT THE SERVICES, MATERIALS, SUPPLIES, OR
EQUIPMENT WERE ACTUALLY RENDERED OR DELIVERED AND/OR THE
DISBURSEMENTS ACTUALLY AND NECESSARILY MADE, AND THAT THE
AMOUNT CLAIMED REMAINS DUE: OWING AND UNPAID, AND NO PART
THEREOF HAS BEEN PAID OR SATISFIED.

SIGNATURE

TITLE

DATE

INSTRUCTIONS
TO CLAIMANT

1. Details of claim must be specified in description space and/or you may refer to, and attach, your invoice.
2. Supporting documents for requested reimbursement of expenses must be attached.
3. Certification at left must be signed in ink.
4. The original and duplicate copies shall be forwarded to the Department of Finance at the above address.

I HEREBY CERTIFY THAT THE MERCHANDISE
ENUMERATED IN THE ABOVE ACCOUNT(S) HAS BEEN
RECEIVED AND/OR THE SERVICES SPECIFIED PERFORMED
AND/OR THE EXPENSES CLAIMED HAVE BEEN INCURRED,
AND I APPROVE THIS CLAIM FOR PAYMENT.

Department Receiving Clerk

Authorized Department Official

Date

7/19/13
Date

PRIVILEGED AND CONFIDENTIAL
ATTORNEY CLIENT WORK PRODUCT



July 15, 2013

Ms. Cynthia Santiago
Rockland County Community Development
50 Sanatorium Road
Building K
Pomona, NY 10970

Re: TA Assistance – Billing
For the Month of July 2013

<i>Month</i>			<i>Amount</i>
July			\$1,000.00
<i>Total Due</i>			<i>\$1,000.00</i>

Kindly make checks payable to SBFGF, LLC.

Thank you,

SFG, LLC

EXHIBIT 5 STANDARD VOUCHER

VOUCHER No. 983650

TELEPHONE
(845) 638-5418

COUNTY OF ROCKLAND
COUNTY OFFICE BUILDING, NEW CITY, N. Y. 10956

Taxpayer Identification No. 26-3890806
(Federal Tax Id or SSN) PAYMENT WILL NOT BE MADE WITHOUT A TAXPAYER ID NUMBER

Date: 8/15/13

Claimant: SDFG LLC
1 KELLY COURT
TOMKINS COVE NY 10986
Suite 201

FOR INTERNAL USE ONLY

Acct Period: 1
(Optional)

Document Total: _____

Single Check? _____
(Optional)

Scheduled Pay Date 1/1/1
(Optional)

Vendor's Reference Data Invoice No.

Date

Note: ACCOUNTING INFORMATION NOT NECESSARY IF REFERENCING AN ENCUMBRANCE

DESCRIPTION	Quantity	Unit	Unit Price	Amount	Ref Trans Code/ Ref Trans Number	Ref Line	Comm Line	End	Agency	Org	Object	Project No. (Capital Projects)	Amount
TA ASSISTANCE for August 2013	1	1		1,000.00					F	CD	9995	4400SC2012	\$1,000.00

CLAIMANTS CERTIFICATION

I, DANA MALEY CERTIFY
THAT THE ABOVE ACCOUNT
IN THE AMOUNT OF \$ 1,000.00

IS
TRUE AND CORRECT, THAT THE SERVICES, MATERIALS, SUPPLIES, OR
EQUIPMENT WERE ACTUALLY RENDERED OR DELIVERED AND/OR THE
DISBURSEMENTS ACTUALLY AND NECESSARILY MADE, AND THAT THE
AMOUNT CLAIMED REMAINS DUE: OWING AND UNPAID, AND NO PART
THEREOF HAS BEEN PAID OR SATISFIED.

SIGNATURE _____ DATE _____

TITLE _____

TOTAL 1,000

INSTRUCTIONS TO CLAIMANT

1. Details of claim must be specified in description space and/or you may refer to, and attach, your invoice.
2. Supporting documents for requested reimbursement of expenses must be attached.

3. Certification at left must be signed in ink.

4. The original and duplicate copies shall be forwarded to the Department of Finance at the above address.

I HEREBY CERTIFY THAT THE MERCHANDISE
ENUMERATED IN THE ABOVE ACCOUNT(S) HAS BEEN
RECEIVED AND/OR THE SERVICES SPECIFIED PERFORMED
AND/OR THE EXPENSES CLAIMED HAVE BEEN INCURRED
AND I APPROVE THIS CLAIM FOR PAYMENT.

Department Receiving Clerk Mario Frank 8/30/13
Authorized Department Official _____ Date _____

PRIVILEGED AND CONFIDENTIAL
ATTORNEY CLIENT WORK PRODUCT



August 15, 2013

Ms. Maria Frank
Rockland County Community Development
50 Sanatorium Road
Building K
Pomona, NY 10970

Re: TA Assistance – Billing
For the Month of August 2013

<i>Month</i>			<i>Amount</i>
August			\$1,000.00
<i>Total Due</i>			<i>\$1,000.00</i>

Kindly make checks payable to SBFGF, LLC.

Thank you,

SFG, LLC

EXHIBIT 5

ROCKLAND COUNTY OFFICE OF COMMUNITY DEVELOPMENT

COMMUNITY DEVELOPMENT BLOCK GRANT VOUCHER

DATE 9/18/13
PROJECT Economic Development Initiative
SUBRECIPIENT Rockland County
VENDOR SBBG, Inc.
PROJECT YEAR 2012

VOUCHER NUMBER 1030980, THE
VOUCHER FOR THIS ITEM. WORK ON THE ABOVE CONTRACT IS COVERED BY THE
COMMUNITY DEVELOPMENT BLOCK GRANT PROGRAM.

TOTAL ALLOCATED	\$	<u>1,000.00</u>
TOTAL PREVIOUSLY REQUESTED	\$	<u>0.00</u>
BALANCE TO DATE	\$	<u>1,000.00</u>
AMOUNT OF ENCLOSED VOUCHER	\$	<u>1,000.00</u>
BALANCE REMAINING	\$	<u>0.00</u>

AS THE ABOVE TABULATION SHOWS A BALANCE TO DATE IN THE CDBG ALLOCATION,
PLEASE UTILIZE OUR LETTER OF CREDIT TO PAY THE ATTACHED.

VOUCHER ENTRY PROJECTS INFORMATION

PROJECT BUSINESS UNIT: CCRD
PROJECT SC2012
ACTIVITY GEN
SOURCE TYPE CD
CATEGORY OTH
SUBCATEGORY

IDIS USE ONLY

VOUCHER # 9/30/13
HUD ACCT # TRUST ACCT.

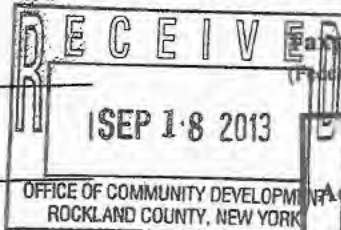
**PRIVILEGED AND CONFIDENTIAL
ATTORNEY-CLIENT WORK PRODUCT**

ELEPHONE
(45) 638-5418

STANDARD VOUCHER
EXHIBIT 5

VOUCHER
No. 1030980

COUNTY OF ROCKLAND
COUNTY OFFICE BUILDING, NEW CITY, N. Y. 10956



Payee Identification No. 26-3890806
(Federal Tax Id or SSN) PAYMENT WILL NOT BE MADE WITHOUT A TAXPAYER ID NUMBER

Date: 9/18/13

Claimant:

SBCFG INC

1 Kelly Court
Suite 201

Tonkins Cove NY

10926

FOR INTERNAL USE ONLY

Acct Period: / /
(Optional)

Single Check?
(Optional)

Vendor's Reference Data Invoice No.

Document Total:

Scheduled Pay Date / /
(Optional)

Date

Note: ACCOUNTING INFORMATION NOT NECESSARY IF REFERENCING AN ENCUMBRANCE

DESCRIPTION	Quantity	Unit	Unit Price	Amount	Ref Trans Code/ Ref Trans Number	Ref Line	Comm Line	Fnd	Agency	Org	Object	Project No. (Capital Projects)	Amount
TA ASSISTANCE for September	1	1		1,000					F	CD	9995	4400 SCZ012	\$ 1,000.00

CLAIMANTS CERTIFICATION

Dawn Nakay CERTIFY
THAT THE ABOVE ACCOUNT
IN THE AMOUNT OF \$ 1,000.00 IS

TRUE AND CORRECT, THAT THE SERVICES, MATERIALS, SUPPLIES, OR
EQUIPMENT WERE ACTUALLY RENDERED OR DELIVERED AND/OR THE
DISBURSEMENTS ACTUALLY AND NECESSARILY MADE, AND THAT THE
AMOUNT CLAIMED REMAINS DUE: OWING AND UNPAID, AND NO PART
THEREOF HAS BEEN PAID OR SATISFIED.

SIGNATURE [Signature] DATE 9/18/13

TITLE member

TOTAL \$ 1,000.00

INSTRUCTIONS
TO CLAIMANT

- Details of claim must be specified in description space and/or you may refer to, and attach, your invoice.
- Supporting documents for requested reimbursement of expenses must be attached.
- Certification at left must be signed in ink.
- The original and duplicate copies shall be forwarded to the Department of Finance at the above address.

PRIVILEGED AND CONFIDENTIAL
ORIGINAL - DEPARTMENT OF FINANCE
ATTORNEY-CLIENT WORK PRODUCT

I HEREBY CERTIFY THAT THE MERCHANDISE
ENUMERATED IN THE ABOVE ACCOUNT(S) HAS BEEN
RECEIVED AND/OR THE SERVICES SPECIFIED PERFORMED
AND/OR THE EXPENSES CLAIMED HAVE BEEN INCURRED,
AND I APPROVE THIS CLAIM FOR PAYMENT.

Department/Receiving Clerk [Signature] Date 9/18/13
Authorized Department Official

Payment Approved
Department of Finance Date

EXHIBIT 5



September 15, 2013

Ms. Maria Frank
Rockland County Community Development
50 Sanatorium Road
Building K
Pomona, NY 10970

Re: TA Assistance – Billing
For the Month of September 2013

<i>Month</i>			<i>Amount</i>
September			\$1,000.00
<i>Total Due</i>			<i>\$1,000.00</i>

Kindly make checks payable to SBFGF, LLC.

Thank you,

A handwritten signature in black ink, appearing to be "M. Frank" or similar, written over a horizontal line.

SBFG, LLC

EXHIBIT 5

ROCKLAND COUNTY OFFICE OF COMMUNITY DEVELOPMENT

COMMUNITY DEVELOPMENT BLOCK GRANT PROGRAM VOUCHER

DATE: 10/28/13

PROJECT ECONOMIC DEVELOPMENT INITIATIVE

VENDOR SBFg Inc

PROJECT YEAR 2013

VOUCHER NUMBER 1030982, THE _____

VOUCHER FOR THIS ITEM. WORK ON THE ABOVE CONTRACT IS COVERED BY THE COMMUNITY DEVELOPMENT BLOCK GRANT PROGRAM.

TOTAL ALLOCATED \$ 1000.00

TOTAL PREVIOUSLY REQUESTED \$ Ø

BALANCE TO DATE \$ 1000.00

AMOUNT OF ENCLOSED VOUCHER \$ 1000.00

BALANCE REMAINING \$ Ø

AS THE ABOVE TABULATION SHOWS A BALANCE TO DATE IN THE CDBG ALLOCATION, WE SHOULD UTILIZE OUR LETTER OF CREDIT TO PAY THE ENCLOSED.

Voucher Entry Projects Information

Project Business Unit: COR01

Project: SC2012

Activity: GEN

Source Type: CD

Category: OTH

Subcategory: —

FOR IDIS USE ONLY:

VOUCHER # 11/20/13

HUD ACCT # TRUST ACCT

PRIVILEGED AND CONFIDENTIAL
ATTORNEY CLIENT WORK PRODUCT

TELEPHONE
(845) 638-5418

EXHIBIT 5
STANDARD VOUCHER

VOUCHER
No. 1030982

COUNTY OF ROCKLAND
COUNTY OFFICE BUILDING, NEW CITY, N. Y. 10956

Taxpayer Identification No. 26-3890806

Date: 10/16/13

(Federal Tax Id or SSN) PAYMENT WILL NOT BE MADE WITHOUT A TAXPAYER ID NUMBER

Claimant:

SBRG, INC

1 Kelly Court

Suite 201

Tomkins Cove NY

10986.

FOR INTERNAL USE ONLY

Acct Period: / /
(Optional)

Document Total:

Single Check?
(Optional)

Scheduled Pay Date / /
(Optional)

Vendor's Reference Data Invoice No.

Date

Note: ACCOUNTING INFORMATION NOT NECESSARY IF REFERENCING AN ENCUMBRANCE

DESCRIPTION	Quantity	Unit	Unit Price	Amount	Ref Trans Code/ Ref Trans Number	Ref Line	Comm Line	Fnd	Agency	Org	Object	Project No. (Capital Projects)	Amount
TA ASSISTANCE FOR OCTOBER	1	1		\$1,000					FCD	9995	EHOD	SCADIA	\$1,000.00

CLAIMANTS CERTIFICATION

I, DAVID WALLEY CERTIFY
THAT THE ABOVE ACCOUNT
IN THE AMOUNT OF \$1,000.00

IS
TRUE AND CORRECT, THAT THE SERVICES, MATERIALS, SUPPLIES, OR
EQUIPMENT WERE ACTUALLY RENDERED OR DELIVERED AND/OR THE
DISBURSEMENTS ACTUALLY AND NECESSARILY MADE, AND THAT THE
AMOUNT CLAIMED REMAINS DUE: OWING AND UNPAID, AND NO PART
THEREOF HAS BEEN PAID OR SATISFIED.

SIGNATURE

TITLE

DATE

TOTAL \$1,000.00

INSTRUCTIONS
TO CLAIMANT

1. Details of claim must be specified in description space and/or you may refer to, and attach, your invoice.
2. Supporting documents for requested reimbursement of expenses must be attached.
3. Certification at left must be signed in ink.
4. The original and duplicate copies shall be forwarded to the Department of Finance at the above address.

I HEREBY CERTIFY THAT THE MERCHANDISE
ENUMERATED IN THE ABOVE ACCOUNT(S) HAS BEEN
RECEIVED AND/OR THE SERVICES SPECIFIED PERFORMED
AND/OR THE EXPENSES CLAIMED HAVE BEEN INCURRED
AND I APPROVE THIS CLAIM FOR PAYMENT.

Department Receiving Clerk

Authorized Department Official

Date

Date

PRIVILEGED AND CONFIDENTIAL
ATTORNEY CLIENT WORK PRODUCT

ROCKLAND COUNTY OFFICE OF COMMUNITY DEVELOPMENT

COMMUNITY DEVELOPMENT BLOCK GRANT PROGRAM VOUCHER

DATE: 11/20/13

PROJECT Economic Development Initiative

MUNICIPALITY Rockland County

VENDOR SBCG Inc

PROJECT YEAR 2012

VOUCHER NUMBER 1030983, THE _____

VOUCHER FOR THIS ITEM. WORK ON THE ABOVE CONTRACT IS COVERED BY THE COMMUNITY DEVELOPMENT BLOCK GRANT PROGRAM.

TOTAL ALLOCATED	\$ <u>1000.00</u>
TOTAL PREVIOUSLY REQUESTED	\$ <u>Ø</u>
BALANCE TO DATE	\$ <u>1000.00</u>
AMOUNT OF ENCLOSED VOUCHER	\$ <u>1000.00</u>
BALANCE REMAINING	\$ <u>Ø</u>

AS THE ABOVE TABULATION SHOWS A BALANCE TO DATE IN THE CDBG ALLOCATION, WE SHOULD UTILIZE OUR LETTER OF CREDIT TO PAY THE ENCLOSED.

**Voucher Entry
Projects Information**

Project Business Unit: COR01

Project: SC2012

Activity: GEN

Source Type: CD

Category: OTH

Subcategory: _____

FOR IDIS USE ONLY:

VOUCHER # _____

HUD ACCT # TRUST

**PRIVILEGED AND CONFIDENTIAL
ATTORNEY CLIENT WORK PRODUCT**



November 15, 2013

Ms. Maria Frank
Rockland County Community Development
50 Sanatorium Road
Building K
Pomona, NY 10970

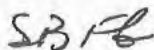


Re: TA Assistance – Billing
For the Month of November 2013

<i>Month</i>			<i>Amount</i>
November			\$1,000.00
<i>Total Due</i>			<i>\$1,000.00</i>

Kindly make checks payable to SBFG, LLC.

Thank you,



SBFG, LLC

EXHIBIT 5
ROCKLAND COUNTY OFFICE OF COMMUNITY DEVELOPMENT

COMMUNITY DEVELOPMENT BLOCK GRANT PROGRAM VOUCHER

DATE: 1/28/14

PROJECT ECONOMIC DEVELOPMENT INITIATIVE

VENDOR S B F G LLC

PROJECT YEAR 2013

VOUCHER NUMBER 1030984, THE _____

VOUCHER FOR THIS ITEM. WORK ON THE ABOVE CONTRACT IS COVERED BY THE COMMUNITY DEVELOPMENT BLOCK GRANT PROGRAM.

TOTAL ALLOCATED \$ 2000.00

TOTAL PREVIOUSLY REQUESTED \$ Ø

BALANCE TO DATE \$ 2000.00

AMOUNT OF ENCLOSED VOUCHER \$ 2000.00

BALANCE REMAINING \$ Ø

AS THE ABOVE TABULATION SHOWS A BALANCE TO DATE IN THE CDBG ALLOCATION, WE SHOULD UTILIZE OUR LETTER OF CREDIT TO PAY THE ENCLOSED.

**Voucher Entry
Projects Information**

Project Business Unit: COR01

Project: SC2012

Activity: GEN

Source Type: CD

Category: OTH

Subcategory: —

FOR IDIS USE ONLY:

VOUCHER # _____

HUD ACCT # TRUST ACCT

**PRIVILEGED AND CONFIDENTIAL
ATTORNEY CLIENT WORK PRODUCT**

TELEPHONE
(845) 638-5418

EXHIBIT 5
STANDARD VOUCHER

VOUCHER
No. 1030984

COUNTY OF ROCKLAND
COUNTY OFFICE BUILDING, NEW CITY, N. Y. 10956

Claimant: SBPG LLC
1 Kelly Court
Suite 201
Tonkins Cove NY
10986

Taxpayer Identification No. 26-3890806 Date: 12/18/13
(Federal Tax Id or SSN) PAYMENT WILL NOT BE MADE WITHOUT A TAXPAYER ID NUMBER

FOR INTERNAL USE ONLY

Acct Period: 1/ Document Total: _____
(Optional)
Single Check? Scheduled Pay Date 1/1/
(Optional)
Vendor's Reference Data Invoice No. _____ Date _____

Note: ACCOUNTING INFORMATION NOT NECESSARY IF REFERENCING AN ENCUMBRANCE

DESCRIPTION	Quantity	Unit	Unit Price	Amount	Ref Trans Code/ Ref Trans Number	Ref Line	Comm Line	Fnd	Agency	Org	Object	Project No. (Capital Projects)	Amount
TA ASSISTANCE FOR December	1	L		1.000					F	CD	9995	6090 SC2012	2000.00
2014 January	1	1		1000.00									

CLAIMANTS CERTIFICATION
I, DANA NALLEY CERTIFY
THAT THE ABOVE ACCOUNT
IN THE AMOUNT OF \$ 2,000.00 IS
TRUE AND CORRECT, THAT THE SERVICES, MATERIALS, SUPPLIES, OR
EQUIPMENT WERE ACTUALLY RENDERED OR DELIVERED AND/OR THE
DISBURSEMENTS ACTUALLY AND NECESSARILY MADE, AND THAT THE
AMOUNT CLAIMED REMAINS DUE: OWING AND UNPAID, AND NO PART
THEREOF HAS BEEN PAID OR SATISFIED.
SIGNATURE [Signature] DATE 12-12-13
TITLE Managing Member

TOTAL 2,000.00
INSTRUCTIONS
TO CLAIMANT
1. Details of claim must be specified in description space and/or you may refer to,
and attach, your invoice.
2. Supporting documents for requested reimbursement of expenses must be
attached.
3. Certification at left must be signed in ink
4. The original and multiple copies shall be forwarded to the Department of
Finance at the above address.

I HEREBY CERTIFY THAT THE MERCHANDISE
ENUMERATED IN THE ABOVE ACCOUNT(S) HAS BEEN
RECEIVED AND/OR THE SERVICES SPECIFIED PERFORMED
AND/OR THE EXPENSES CLAIMED HAVE BEEN INCURRED,
AND I APPROVE THIS CLAIM FOR PAYMENT.
Department Receiving Clerk [Signature] Date 1/10/14
Authorized Department Official [Signature] Date _____

PRIVILEGED AND CONFIDENTIAL
ATTORNEY CLIENT WORK PRODUCT



December 15, 2013

Ms. Maria Frank
Rockland County Community Development
50 Sanatorium Road
Building K
Pomona, NY 10970

Re: TA Assistance – Billing
For the Month of December 2013

<i>Month</i>			<i>Amount</i>
December			\$1,000.00
<i>Total Due</i>			<i>\$1,000.00</i>

Kindly make checks payable to SBFG, LLC.

Thank you,


SBFG, LLC



One Kelly Court Suite 201 Tomkins Cove, NY 10986 845-269-3930 efax 914-663-5390
www.sbfusa.com

PRIVILEGED AND CONFIDENTIAL
ATTORNEY CLIENT WORK PRODUCT



January 15, 2014

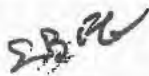
Ms. Maria Frank
Rockland County Community Development
50 Sanatorium Road
Building K
Pomona, NY 10970

Re: TA Assistance – Billing
For the Month of January 2014

<i>Month</i>			<i>Amount</i>
January 2014			\$1,000.00
<i>Total Due</i>			<i>\$1,000.00</i>

Kindly make checks payable to SBFG, LLC.

Thank you,



SBFG, LLC

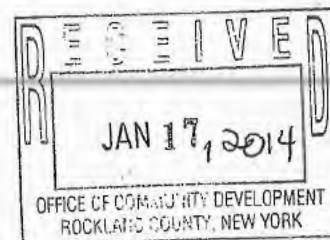


EXHIBIT 5

ROCKLAND COUNTY OFFICE OF COMMUNITY DEVELOPMENT

Community Development Block Grant Voucher

DATE

2/21/2014

PROJECT

Economic Development Initiative

SUBRECIPIENT

VENDOR

SBFG, LLC

PROJECT YEAR

2013

VOUCHER NUMBER

1030987

, THE

VOUCHER FOR THIS ITEM WORK ON THE ABOVE CONTRACT IS COVERED BY THE COMMUNITY DEVELOPMENT BLOCK GRANT PROGRAM.

TOTAL ALLOCATED

\$ 1,000.00

TOTAL PREVIOUSLY REQUESTED

\$ 0.00.

BALANCE TO DATE

\$ 1,000.00

AMOUNT OF ENCLOSED VOUCHER

\$ 1,000.00

BALANCE REMAINING

\$ 0.00

AS THE ABOVE TABULATION SHOWS A BALANCE TO DATE IN THE CDBG ALLOCATION,
PLEASE UTILIZE OUR LETTER OF CREDIT TO PAY THE ATTACHED.

VOUCHER ENTRY PROJECTS INFORMATION

PROJECT BUSINESS UNIT	<u>COR01</u>
PROJECT	<u>CD-SC2012</u>
ACTIVITY	<u>GEN</u>
SOURCE TYPE	<u>CD</u>
CATEGORY	<u>OTH</u>
SUBCATEGORY	<u>---</u>

IDIS USE ONLY

VOUCHER = 5666132

HUD ACCT = Trust Acct.

**PRIVILEGED AND CONFIDENTIAL
ATTORNEY CLIENT WORK PRODUCT**

ELEPHONE
345) 638-5418

STANDARD VOUCHER
EXHIBIT 5

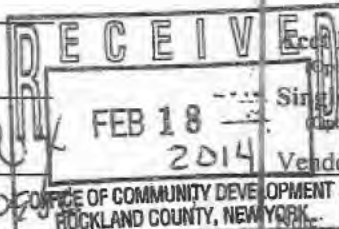
VOUCHER
No. 1030987

COUNTY OF ROCKLAND
COUNTY OFFICE BUILDING, NEW CITY, N. Y. 10956

Claimant: S B F G LLC

Taxpayer Identification No. 26-3890806 Date: 2/15/14
(Federal Tax Id or SSN) PAYMENT WILL NOT BE MADE WITHOUT A TAXPAYER ID NUMBER

1 Kelly Court
Suite 201
Tomkins Cove NY



FOR INTERNAL USE ONLY

Account Period: / /
(Optional)
Single Check?
(Optional)
Sched. Pay Date / /
(Optional)
Vendor's Reference Data Invoice No. Date

ACCOUNTING INFORMATION NOT NECESSARY IF REFERENCING AN ENCUMBRANCE

DESCRIPTION	Quantity	Unit	Unit Price	Amount	Ref Trans Code/ Ref Trans Number	Ref Line	Comm Line	Fnd	Agency	Org	Object	Project No. (Capital Projects)	Amount
TA SERVICE FOR February	1			\$1,000					F	CD	9995	E4000 SC2012	\$1,000.00

CLAIMANTS CERTIFICATION
DANA T. MALEY
I HEREBY CERTIFY THAT THE ABOVE ACCOUNT
IS THE AMOUNT OF \$ 1,000.00
TRUE AND CORRECT, THAT THE SERVICES, MATERIALS, SUPPLIES, OR
EQUIPMENT WERE ACTUALLY RENDERED OR DELIVERED AND/OR THE
DISBURSEMENTS ACTUALLY AND NECESSARILY MADE, AND THAT THE
AMOUNT CLAIMED REMAINS DUE: OWING AND UNPAID, AND NO PART
HEREOF HAS BEEN PAID OR SATISFIED.
SIGNATURE [Signature] DATE 2-25-14

TOTAL \$ 1,000.00
INSTRUCTIONS
TO CLAIMANT
1. Details of claim must be specified in description space and/or you may refer to,
and attach, your invoice.
2. Supporting documents for requested reimbursement of expenses must be
attached.
3. Certification at left must be signed in ink
4. The original and duplicate copies shall be forwarded to the Department of
Finance at the above address.

I HEREBY CERTIFY THAT THE MERCHANDISE
ENUMERATED IN THE ABOVE ACCOUNT(S) HAS BEEN
RECEIVED AND/OR THE SERVICES SPECIFIED PERFORMED
AND/OR THE EXPENSES CLAIMED HAVE BEEN INCURRED,
AND I APPROVE THIS CLAIM FOR PAYMENT.
Department Receiving Clerk [Signature] Date 2/25/14
Authorized Department Official [Signature] Date 2/25/14
Payment Approved [Signature] Date 2/25/14

PRIVILEGED AND CONFIDENTIAL
DEPARTMENT OF FINANCE
ATTORNEY-CLIENT WORK PRODUCT

EXHIBIT 5



February 15, 2014

Ms. Maria Frank
Rockland County Community Development
50 Sanatorium Road
Building K
Pomona, NY 10970

Re: TA Assistance – Billing
For the Month of February 2014

<i>Month</i>			<i>Amount</i>
February 2014			\$1,000.00
<i>Total Due</i>			<i>\$1,000.00</i>

Kindly make checks payable to SBFG, LLC.

Thank you,

SBFG, LLC

EXHIBIT 5

ROCKLAND COUNTY OFFICE OF COMMUNITY DEVELOPMENT

COMMUNITY DEVELOPMENT BLOCK GRANT PROGRAM VOUCHER

DATE:

7/23/14

PROJECT

ECONOMIC DEVELOPMENT INITIATIVE

VENDOR

SBFG LLC

PROJECT YEAR

2013

VOUCHER NUMBER

1030623

, THE

VOUCHER FOR THIS ITEM. WORK ON THE ABOVE CONTRACT IS COVERED BY THE COMMUNITY DEVELOPMENT BLOCK GRANT PROGRAM.

TOTAL ALLOCATED

\$ 3,000.00

TOTAL PREVIOUSLY REQUESTED

\$

0

BALANCE TO DATE

\$

3,000.00

AMOUNT OF ENCLOSED VOUCHER

\$

3,000.00

BALANCE REMAINING

\$

0

AS THE ABOVE TABULATION SHOWS A BALANCE TO DATE IN THE CDBG ALLOCATION, WE SHOULD UTILIZE OUR LETTER OF CREDIT TO PAY THE ENCLOSED.

Voucher Entry Projects Information

Project Business Unit: COR01

Project: SC2012

Activity: GEN

Source Type: CD

Category: OTH

Subcategory: ---

FOR IDIS USE ONLY:

VOUCHER # 5719809

HUD ACCT # TRUST ACCT

**PRIVILEGED AND CONFIDENTIAL
ATTORNEY CLIENT WORK PRODUCT**

VOUCHER No. 1030623

COUNTY OF ROCKLAND
COUNTY OFFICE BUILDING, NEW CITY, N. Y. 10956

Taxpayer Identification No. 26-3878806
(Federal Tax Id or SSN) PAYMENT WILL NOT BE MADE WITH

Date: 7/15/14

Claimant:

SBFG, LLC

1 Kelly Court

Suite 201

Tonawanda Cove NY
10986

FOR INTERNAL USE ONLY

Acct Period: ____/____
(Optional)

Document Total: _____

Single Check? _____
(Optional)

Scheduled Pay Date / /
(Optional)

<u>Vendor's Reference Data</u>	Invoice No.
--------------------------------	-------------

Date _____

Note: ACCOUNTING INFORMATION NOT NECESSARY IF REFERENCING AN ENCUMBRANCE

DESCRIPTION	Quantity	Unit	Unit Price	Amount
TA ASSISTANCE	1		1	1,000.00
July				
				1,000.00
June				
				1,000.00
May				

RECEIVED

JUL 17 2014

[illegible]

CLAIMANTS CERTIFICATION

1. Dana Miller
THAT THE ABOVE ACCOUNT
IN THE AMOUNT OF \$ 6000.00

CERTIFY

TRUE AND CORRECT, THAT THE SERVICES, MATERIALS, SUPPLIES, OR EQUIPMENT WERE ACTUALLY RENDERED OR DELIVERED AND/OR THE DISBURSEMENTS ACTUALLY AND NECESSARILY MADE, AND THAT THE AMOUNT CLAIMED REMAINS DUE: OWING AND UNPAID, AND NO PART THEREOF HAS BEEN PAID OR SATISFIED.

SIGNATURE

TIME

DATE _____

INSTRUCTIONS TO CLAIMANT

1. Details of claim must be specified in description space and/or you may refer to, and attach, your invoice.
2. Supporting documents for requested reimbursement of expenses must be attached.
3. Certification at left must be signed in ink
4. The original and duplicate copies shall be forwarded to the Department of Finance at the above address.

I HEREBY CERTIFY THAT THE MERCHANDISE
ENUMERATED IN THE ABOVE ACCOUNT(S) HAS BEEN
RECEIVED AND/OR THE SERVICES SPECIFIED PERFORMED
AND/OR THE EXPENSES CLAIMED HAVE BEEN INCURRED
AND I APPROVE THIS CLAIM FOR PAYMENT.

Department Receiving Clerk

Date _____

Authorized Department Official

Date _____

PRIVILEGED AND CONFIDENTIAL

ATTORNEY-CLIENT WORK PRODUCT

EXHIBIT 5



June 15, 2014

Ms. Maria Frank
Rockland County Community Development
50 Sanatorium Road
Building K
Pomona, NY 10970

Re: TA Assistance – Billing
For the Month of June 2014

<i>Month</i>			<i>Amount</i>
June 2014			\$1,000.00
<i>Total Due</i>			<i>\$1,000.00</i>

Kindly make checks payable to SBFG, LLC.

Thank you,

A handwritten signature in black ink that reads "SBFG". The signature is stylized and appears to be written over a horizontal line.

SBFG, LLC

EXHIBIT 5



July 15, 2014

Ms. Maria Frank
Rockland County Community Development
50 Sanatorium Road
Building K
Pomona, NY 10970

Re: TA Assistance – Billing
For the Month of July 2014

<i>Month</i>			<i>Amount</i>
July 2014			\$1,000.00
<i>Total Due</i>			<i>\$1,000.00</i>

Kindly make checks payable to SBFG, LLC.

Thank you,


SBFG, LLC

TELEPHONE
(845) 638-5418

EXHIBIT 5
STANDARD VOUCHER

VOUCHER
No. 1030623

COUNTY OF ROCKLAND
COUNTY OFFICE BUILDING, NEW CITY, N. Y. 10956

Claimant:

SBFG LLC

1 Kelly Court

Suite 201

Tonawanda Cove NY
10986

Taxpayer Identification No. 26-389886
(Federal Tax Id or SSN) PAYMENT WILL NOT BE MADE WITHOUT A TAXPAYER ID NUMBER

Date: 7/15/14

FOR INTERNAL USE ONLY

Acct Period: ____/____/____
(Optional)

Document Total: _____

Single Check? ____
(Optional)

Scheduled Pay Date ____/____/____
(Optional)

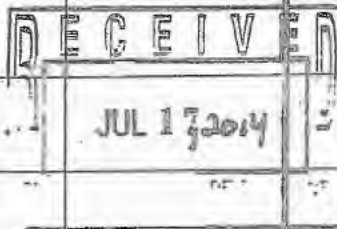
Vendor's Reference Data

Invoice No.

Date

Note: ACCOUNTING INFORMATION NOT NECESSARY IF REFERENCING AN ENCUMBRANCE

DESCRIPTION	Quantity	Unit	Unit Price	Amount	Ref Trans Code/ Ref Trans Number	Ref Line	Comm Line	Fnd	Agency	Org	Object	Project No. (Capital Projects)	Amount
TA ASSISTANCE July	1			1,000.00					F	CD	9995	24090 SC2012	\$3000.
June				1000.00									
May				1000.00									



CLAIMANTS CERTIFICATION

I, Dana Malley CERTIFY
THAT THE ABOVE ACCOUNT
IN THE AMOUNT OF \$ 1,000.00

IS
TRUE AND CORRECT, THAT THE SERVICES, MATERIALS, SUPPLIES, OR
EQUIPMENT WERE ACTUALLY RENDERED OR DELIVERED AND/OR THE
DISBURSEMENTS ACTUALLY AND NECESSARILY MADE, AND THAT THE
AMOUNT CLAIMED REMAINS DUE: OWING AND UNPAID, AND NO PART
THEREOF HAS BEEN PAID OR SATISFIED

SIGNATURE

DATE

7/15/14

TOTAL \$ 1,000.00

INSTRUCTIONS
TO CLAIMANT

1. Details of claim must be specified in description space and/or you may refer to, and attach, your invoice.
2. Supporting documents for requested reimbursement of expenses must be attached.
3. Certification at left must be signed in ink.
4. The original and duplicate copies shall be forwarded to the Department of Finance at the above address.

I HEREBY CERTIFY THAT THE MERCHANDISE
ENUMERATED IN THE ABOVE ACCOUNT(S) HAS BEEN
RECEIVED AND/OR THE SERVICES SPECIFIED PERFORMED
AND/OR THE EXPENSES CLAIMED HAVE BEEN INCURRED
AND I APPROVE THIS CLAIM FOR PAYMENT.

Department Receiving Clerk

Maria Bran 8/5/14 Date

Authorized Department Official

Approved

PRIVILEGED AND CONFIDENTIAL
ATTORNEY CLIENT WORK PRODUCT

EXHIBIT 5

ROCKLAND COUNTY OFFICE OF COMMUNITY DEVELOPMENT

Community Development Block Grant Voucher

DATE 8/20/14
PROJECT Economic Development Initiative
SUBRECIPIENT RCOCD
VENDOR SBFG, Inc.
PROJECT YEAR 2013
VOUCHER NUMBER 1030625, THE _____

VOUCHER FOR THIS ITEM WORK ON THE ABOVE CONTRACT IS COVERED BY THE COMMUNITY DEVELOPMENT BLOCK GRANT PROGRAM.

TOTAL ALLOCATED \$ 1,000.00
TOTAL PREVIOUSLY REQUESTED \$ 0.00
BALANCE TO DATE \$ 1,000.00
AMOUNT OF ENCLOSED VOUCHER \$ 1,000.00
BALANCE REMAINING \$ 0.00

AS THE ABOVE TABULATION SHOWS A BALANCE TO DATE IN THE CDBG ALLOCATION,
PLEASE UTILIZE OUR LETTER OF CREDIT TO PAY THE ATTACHED.

VOUCHER ENTRY PROJECTS INFORMATION

PROJECT BUSINESS UNIT COR01

PROJECT SC2011

ACTIVITY GEN

SOURCE TYPE CD

CATEGORY OTH

SUBCATEGORY _____

IDIS USE ONLY

VOUCHER = 5129395

HUD ACCT= Trust Acct.

**PRIVILEGED AND CONFIDENTIAL
ATTORNEY CLIENT WORK PRODUCT**

Date _____

EXHIBIT 5

PRIVILEGED AND CONFIDENTIAL
ATTORNEY CLIENT WORK PRODUCT

EXHIBIT 5

ROCKLAND COUNTY OFFICE OF COMMUNITY DEVELOPMENT COMMUNITY DEVELOPMENT BLOCK GRANT PROGRAM VOUCHER

DATE: 9/19/14

PROJECT ECONOMIC DEVELOPMENT INITIATIVE

VENDOR SBFG LLC

PROJECT YEAR 2013

VOUCHER NUMBER 1030626, THE _____

VOUCHER FOR THIS ITEM. WORK ON THE ABOVE CONTRACT IS COVERED BY THE COMMUNITY DEVELOPMENT BLOCK GRANT PROGRAM.

TOTAL ALLOCATED	\$ <u>1000.00</u>
TOTAL PREVIOUSLY REQUESTED	\$ <u>Ø</u>
BALANCE TO DATE	\$ <u>1000.00</u>
AMOUNT OF ENCLOSED VOUCHER	\$ <u>1000.00</u>
BALANCE REMAINING	\$ <u>Ø</u>

AS THE ABOVE TABULATION SHOWS A BALANCE TO DATE IN THE CDBG ALLOCATION, WE SHOULD UTILIZE OUR LETTER OF CREDIT TO PAY THE ENCLOSED.

Voucher Entry Projects Information

Project Business Unit: COR01

Project: SC2011

Activity: GEN

Source Type: CD

Category: OTH

Subcategory: —

FOR IDIS USE ONLY:

VOUCHER # 573 5588

HUD ACCT # TRUST ACCT

PRIVILEGED AND CONFIDENTIAL
ATTORNEY CLIENT WORK PRODUCT

EXHIBIT 5
ROCKLAND COUNTY OFFICE OF COMMUNITY DEVELOPMENT

COMMUNITY DEVELOPMENT BLOCK GRANT PROGRAM VOUCHER

DATE: 12/11/14

PROJECT **ECONOMIC DEVELOPMENT INITIATIVE**

VENDOR SBF G LLC

PROJECT YEAR **2013**

VOUCHER NUMBER 1010271
1010272, THE _____

VOUCHER FOR THIS ITEM. WORK ON THE ABOVE CONTRACT IS COVERED BY THE COMMUNITY DEVELOPMENT BLOCK GRANT PROGRAM.

TOTAL ALLOCATED \$ 2000.00

TOTAL PREVIOUSLY REQUESTED \$ Ø

BALANCE TO DATE \$ 2000.00

AMOUNT OF ENCLOSED VOUCHER \$ 2000.00

BALANCE REMAINING \$ Ø

AS THE ABOVE TABULATION SHOWS A BALANCE TO DATE IN THE CDBG ALLOCATION, WE SHOULD UTILIZE OUR LETTER OF CREDIT TO PAY THE ENCLOSED.

**Voucher Entry
Projects Information**

Project Business Unit: COR01

Project: SC2011

Activity: GEN

Source Type: CD

Category: OTH

Subcategory: _____

FOR IDIS USE ONLY:

VOUCHER # 5764041

HUD ACCT # **TRUST ACCT**

**PRIVILEGED AND CONFIDENTIAL
ATTORNEY CLIENT WORK PRODUCT**

TELEPHONE
5) 638-5418

EXHIBIT 5
STANDARD VOUCHER

VOUCHER
No. 1010272

COUNTY OF ROCKLAND
COUNTY OFFICE BUILDING, NEW CITY, N. Y. 10956

Taxpayer Identification No. 26-3890806
(Federal Tax Id or SSN) PAYMENT WILL NOT BE MADE WITHOUT A TAXPAYER ID NUMBER

Date: 11/15/14

Claimant:

SIBFG, LLC

1 Kelly Court

Suite 201

Tonawanda Cove, NY 10986

FOR INTERNAL USE ONLY

Acct Period: / /
(Optional)

Document Total:

Single Check?
(Optional)

Scheduled Pay Date / /
(Optional)

Vendor's Reference Data Invoice No.

Date

Note: ACCOUNTING INFORMATION NOT NECESSARY IF REFERENCING AN ENCUMBRANCE

DESCRIPTION	Quantity	Unit	Unit Price	Amount	Ref Trans Code/ Ref Trans Number	Ref Line	Comm Line	Fnd	Agency	Org	Object	Project No. (Capital Projects)	Amount
TA Support for November	1	1	\$ 1,000.00						F	CD	9995	4090 SC2011	\$1,000.00

CLAIMANT'S CERTIFICATION

DANA T. MALEY CERTIFY
THAT THE ABOVE ACCOUNT
IN THE AMOUNT OF \$ 1,000.00 IS

TRUE AND CORRECT, THAT THE SERVICES, MATERIALS, SUPPLIES, OR
EQUIPMENT WERE ACTUALLY RENDERED OR DELIVERED AND/OR THE
DISBURSEMENTS ACTUALLY AND NECESSARILY MADE, AND THAT THE
AMOUNT CLAIMED REMAINS DUE: OWING AND UNPAID, AND NO PART
THEREOF HAS BEEN PAID OR SATISFIED.

SIGNATURE

TITLE

DATE

INSTRUCTIONS
TO CLAIMANT

1. Details of claim must be specified in description space and/or you may refer to, and attach, your invoice.
2. Supporting documents for requested reimbursement of expenses must be attached.
3. Certification at left must be signed in ink.
4. The original and duplicate copies shall be forwarded to the Department of Finance at the above address.

I HEREBY CERTIFY THAT THE MERCHANDISE
ENUMERATED IN THE ABOVE ACCOUNT(S) HAS BEEN
RECEIVED AND/OR THE SERVICES SPECIFIED PERFORMED
AND/OR THE EXPENSES CLAIMED HAVE BEEN INCURRED,
AND I APPROVE THIS CLAIM FOR PAYMENT.

Department Receiving Clerk

Authorized Department Official

Date

Date

PRIVILEGED AND CONFIDENTIAL
ATTORNEY CLIENT WORK PRODUCT

ELEPHONE
(45) 638-5418

EXHIBIT 5
STANDARD VOUCHER

VOUCHER
No. 1010271

COUNTY OF ROCKLAND
COUNTY OFFICE BUILDING, NEW CITY, N. Y. 10956

Taxpayer Identification No. 26-3890806 Date: 10/15/14
(Federal Tax Id or SSN) PAYMENT WILL NOT BE MADE WITHOUT A TAXPAYER ID NUMBER

Claimant: SDFG, LLC
1 Kelly Court
Suite 201
Tombkins Cove, NY 10986

FOR INTERNAL USE ONLY

Acct Period: / /
(Optional)

Document Total:

Single Check?
(Optional)

Scheduled Pay Date / /
(Optional)

Vendor's Reference Data Invoice No.

Date

Note: ACCOUNTING INFORMATION NOT NECESSARY IF REFERENCING AN ENCUMBRANCE

DESCRIPTION	Quantity	Unit	Unit Price	Amount	Ref Trans Code/ Ref Trans Number	Ref Line	Comm Line	Fnd	Agency	Org	Object	Project No. (Capital Projects)	Amount
TR Assistance for October	1	1		1,000					F	CD9995	4090SC2011		\$1000.00

CLAIMANT'S CERTIFICATION

I, Dawn Malley CERTIFY
THAT THE ABOVE ACCOUNT
IN THE AMOUNT OF \$ 1,000.00

IS
TRUE AND CORRECT, THAT THE SERVICES, MATERIALS, SUPPLIES, OR
EQUIPMENT WERE ACTUALLY RENDERED OR DELIVERED AND/OR THE
DISBURSEMENTS ACTUALLY AND NECESSARILY MADE, AND THAT THE
AMOUNT CLAIMED REMAINS DUE: OWING AND UNPAID, AND NO PART
THEREOF HAS BEEN PAID OR SATISFIED.

SIGNATURE [Signature] DATE 10/15/14
TITLE Solomon

TOTAL 1,000.00

INSTRUCTIONS
TO CLAIMANT

1. Details of claim must be specified in description space and/or you may refer to, and attach, your invoice.
2. Supporting documents for requested reimbursement of expenses must be attached.
3. Certification at left must be signed in ink
4. The original and duplicate copies shall be forwarded to the Department of Finance at the above address.

I HEREBY CERTIFY THAT THE MERCHANDISE
ENUMERATED IN THE ABOVE ACCOUNT(S) HAS BEEN
RECEIVED AND/OR THE SERVICES SPECIFIED PERFORMED
AND/OR THE EXPENSES CLAIMED HAVE BEEN INCURRED,
AND I APPROVE THIS CLAIM FOR PAYMENT.

Department Receiving Clerk [Signature] Date 12/11/14
Authorized Department Official [Signature] Date 12/11/14

Payment
Approved
Department of Finance Date

ORIGINAL DEPARTMENT OF FINANCE
ATTORNEY CLIENT WORK PRODUCT

EXHIBIT 5



October 15, 2014

Ms. Maria Frank
Rockland County Community Development
50 Sanatorium Road
Building K
Pomona, NY 10970

Re: TA Assistance – Billing
For the Month of October 2014

<i>Month</i>			<i>Amount</i>
October 2014			\$1,000.00
<i>Total Due</i>			<i>\$1,000.00</i>

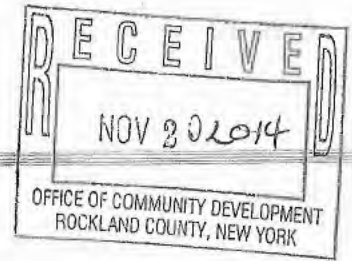
Kindly make checks payable to SBFG, LLC.

Thank you,

SBFG

SBFG, LLC

EXHIBIT 5



November 15, 2014

Ms. Maria Frank
Rockland County Community Development
50 Sanatorium Road
Building K
Pomona, NY 10970

Re: TA Assistance – Billing
For the Month of November 2014

<i>Month</i>			<i>Amount</i>
November 2014			\$1,000.00
<i>Total Due</i>			<i>\$1,000.00</i>

Kindly make checks payable to SBFG, LLC.

Thank you,

A handwritten signature in black ink that appears to read "SBFG, LLC".

SBFG, LLC

EXHIBIT 5

ROCKLAND COUNTY OFFICE OF COMMUNITY DEVELOPMENT
COMMUNITY DEVELOPMENT BLOCK GRANT PROGRAM VOUCHER

DATE: 12/11/14

PROJECT ECONOMIC DEVELOPMENT INITIATIVE

VENDOR S B F G LLC

PROJECT YEAR 2013

VOUCHER NUMBER 1010271
1010272, THE _____

VOUCHER FOR THIS ITEM. WORK ON THE ABOVE CONTRACT IS COVERED BY THE COMMUNITY DEVELOPMENT BLOCK GRANT PROGRAM.

TOTAL ALLOCATED	\$ <u>2000.00</u>
TOTAL PREVIOUSLY REQUESTED	\$ <u>Ø</u>
BALANCE TO DATE	\$ <u>2000.00</u>
AMOUNT OF ENCLOSED VOUCHER	\$ <u>2000.00</u>
BALANCE REMAINING	\$ <u>Ø</u>

AS THE ABOVE TABULATION SHOWS A BALANCE TO DATE IN THE CDBG ALLOCATION, WE SHOULD UTILIZE OUR LETTER OF CREDIT TO PAY THE ENCLOSED.

Voucher Entry
Projects Information

Project Business Unit: COR01

Project: SC2011

Activity: GEN

Source Type: CD

Category: OTH

Subcategory: —

FOR IDIS USE ONLY:

VOUCHER # 5764041

HUD ACCT # TRUST ACCT

PRIVILEGED AND CONFIDENTIAL
ATTORNEY CLIENT WORK PRODUCT



October 15, 2014

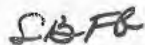
Ms. Maria Frank
Rockland County Community Development
50 Sanatorium Road
Building K
Pomona, NY 10970

Re: TA Assistance – Billing
For the Month of October 2014

<i>Month</i>			<i>Amount</i>
October 2014			\$1,000.00
<i>Total Due</i>			<i>\$1,000.00</i>

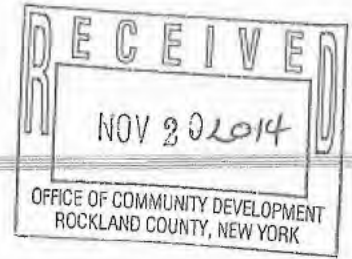
Kindly make checks payable to SBFG, LLC.

Thank you,



SBFG, LLC

EXHIBIT 5



November 15, 2014

Ms. Maria Frank
Rockland County Community Development
50 Sanatorium Road
Building K
Pomona, NY 10970

Re: TA Assistance – Billing
For the Month of November 2014

<i>Month</i>			<i>Amount</i>
November 2014			\$1,000.00
<i>Total Due</i>			<i>\$1,000.00</i>

Kindly make checks payable to SBFG, LLC.

Thank you,

A handwritten signature in black ink that appears to read "SBFG, LLC".

SBFG, LLC

EXHIBIT 5

STANDARD VOUCHER

VOUCHER

No. 1010271

COUNTY OF ROCKLAND
COUNTY OFFICE BUILDING, NEW CITY, N. Y. 10956

Taxpayer Identification No. 26-3890806
(Federal Tax Id or SSN) PAYMENT WILL NOT BE MADE WITHOUT A TAXPAYER ID NUMBER

Date: 10/15/14

TELEPHONE
(845) 638-5418

Claimant:

SBFG, LLC1 Kelly CourtSuite 201Tomkins Cove, NY 10986

FOR INTERNAL USE ONLY

Acct Period: / /
(Optional)Document Total: Single Check?
(Optional)Scheduled Pay Date / /
(Optional)Vendor's Reference Data Invoice No. Date

Note: ACCOUNTING INFORMATION NOT NECESSARY IF REFERENCING AN ENCUMBRANCE

DESCRIPTION

Quantity

Unit

Unit Price

Amount

Ref Trans Code/
Ref Trans NumberRef
LineComm
Line

Fnd

Agency

Org

Object

Project No.
(Capital Projects)

Amount

TR ASSISTANCE
FOR OCTOBER111,000F CD9995 E4090 SC2011\$1000.00

CLAIMANTS CERTIFICATION

I, DANA NALLEY CERTIFY
THAT THE ABOVE ACCOUNT
IN THE AMOUNT OF \$ 1,000.00 IS

TRUE AND CORRECT, THAT THE SERVICES, MATERIALS, SUPPLIES, OR
EQUIPMENT WERE ACTUALLY RENDERED OR DELIVERED AND/OR THE
DISBURSEMENTS ACTUALLY AND NECESSARILY MADE, AND THAT THE
AMOUNT CLAIMED REMAINS DUE: OWING AND UNPAID, AND NO PART
THEREOF HAS BEEN PAID OR SATISFIED.

SIGNATURE

10/15/14
DATE

TITLE

SolomonTOTAL 1,000.00INSTRUCTIONS
TO CLAIMANT

1. Details of claim must be specified in description space and/or you may refer to, and attach, your invoice.
2. Supporting documents for requested reimbursement of expenses must be attached.

3. Certification must be signed in ink.
4. The original and duplicate copies shall be forwarded to the Department of Finance at the above address.

I HEREBY CERTIFY THAT THE MERCHANDISE
ENUMERATED IN THE ABOVE ACCOUNT(S) HAS BEEN
RECEIVED AND/OR THE SERVICES SPECIFIED PERFORMED
AND/OR THE EXPENSES CLAIMED HAVE BEEN INCURRED,
AND I APPROVE THIS CLAIM FOR PAYMENT.

Department Receiving Clerk

Authorized Department Official

Approved

Date

Date

PRIVILEGED AND CONFIDENTIAL
ATTORNEY CLIENT WORK PRODUCT

TELEPHONE
(845) 638-5418

EXHIBIT 5
STANDARD VOUCHER

VOUCHER
No. 1010272

COUNTY OF ROCKLAND
COUNTY OFFICE BUILDING, NEW CITY, N. Y. 10956

Taxpayer Identification No. 26-3890806
(Federal Tax Id or SSN) PAYMENT WILL NOT BE MADE WITHOUT A TAXPAYER ID NUMBER

Date: 11/15/14

Claimant:

S B F G, LLC

1 Kelly Court

Suite 201

TOMKINS COVE, NY 10986

FOR INTERNAL USE ONLY

Acct Period: / /
(Optional)

Document Total:

Single Check?
(Optional)

Scheduled Pay Date / /
(Optional)

Vendor's Reference Data Invoice No.

Date

Note: ACCOUNTING INFORMATION NOT NECESSARY IF REFERENCING AN ENCUMBRANCE

DESCRIPTION	Quantity	Unit	Unit Price	Amount	Ref Trans Code/ Ref Trans Number	Ref Line	Comm Line	Fnd	Agency	Org	Object	Project No. (Capital Projects)	Amount
TA Support for November	1			\$ 1,000.00					F	CD	9995	24090 SC2011	\$ 1,000.00

CLAIMANTS CERTIFICATION

I, DANA T. MALEY CERTIFY
THAT THE ABOVE ACCOUNT
IN THE AMOUNT OF \$ 1,000.00

IS
TRUE AND CORRECT; THAT THE SERVICES, MATERIALS, SUPPLIES, OR
EQUIPMENT WERE ACTUALLY RENDERED OR DELIVERED AND/OR THE
DISBURSEMENTS ACTUALLY AND NECESSARILY MADE, AND THAT THE
AMOUNT CLAIMED REMAINS DUE; OWING AND UNPAID, AND NO PART
THEREOF HAS BEEN PAID OR SATISFIED.

SIGNATURE [Signature] DATE 11/15/14
TITLE Scoutmaster

TOTAL 1,000.00

INSTRUCTIONS
TO CLAIMANT

1. Details of claim must be specified in description space and/or you may refer to, and attach, your invoice.
2. Supporting documents for requested reimbursement of expenses must be attached.
3. Certification at left must be signed in ink
4. The original and duplicate copies shall be forwarded to the Department of Finance at the above address.

I HEREBY CERTIFY THAT THE MERCHANDISE
ENUMERATED IN THE ABOVE ACCOUNT(S) HAS BEEN
RECEIVED AND/OR THE SERVICES SPECIFIED PERFORMED
AND/OR THE EXPENSES CLAIMED HAVE BEEN INCURRED,
AND I APPROVE THIS CLAIM FOR PAYMENT.

Department Receiving Clerk [Signature] Date 12/11/14
Authorized Department Official [Signature] Date

PRIVILEGED AND CONFIDENTIAL
OFFICIAL DEPARTMENT OF FINANCE
ATTORNEY-CLIENT WORK PRODUCT

COMMUNITY DEVELOPMENT BLOCK GRANT PROGRAM VOUCHER

DATE:

4/8/14

PROJECT

ECONOMIC DEVELOPMENT INITIATIVE

VENDOR

S B F G LLC

PROJECT YEAR

2013

VOUCHER NUMBER

103095, THE

VOUCHER FOR THIS ITEM. WORK ON THE ABOVE CONTRACT IS COVERED BY THE COMMUNITY DEVELOPMENT BLOCK GRANT PROGRAM.

TOTAL ALLOCATED

\$ 1000.00

TOTAL PREVIOUSLY REQUESTED

\$ 0

BALANCE TO DATE

\$ 1000.00

AMOUNT OF ENCLOSED VOUCHER

\$ 1000.00

BALANCE REMAINING

\$ 0

AS THE ABOVE TABULATION SHOWS A BALANCE TO DATE IN THE CDBG ALLOCATION, WE SHOULD UTILIZE OUR LETTER OF CREDIT TO PAY THE ENCLOSED.

Voucher Entry
Projects Information

Project Business Unit: COR01

Project: SC2012

Activity: GEN

Source Type: CD

Category: OTH

Subcategory: ---

FOR IDIS USE ONLY:

VOUCHER # 8678455

HUD ACCT # TRUST ACCT



March 17, 2014

Ms. Maria Frank
Rockland County Community Development
50 Sanatorium Road
Building K
Pomona, NY 10970

Re: TA Assistance – Billing
For the Month of March 2014

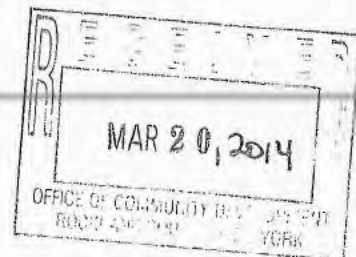
<i>Month</i>			<i>Amount</i>
March 2014			\$1,000.00
<i>Total Due</i>			<i>\$1,000.00</i>

Kindly make checks payable to SBFG, LLC.

Thank you,

A handwritten signature in black ink, appearing to read "SBFG, LLC", is written over the printed name.

SBFG, LLC



ROCKLAND COUNTY OFFICE OF ECONOMIC DEVELOPMENT

EXHIBIT 5

COMMUNITY DEVELOPMENT BLOCK GRANT PROGRAM VOUCHER

DATE: 5/22/14

PROJECT ECONOMIC DEVELOPMENT INITIATIVE

VENDOR SBFG Inc

PROJECT YEAR 2013

VOUCHER NUMBER 1030621, THE _____

VOUCHER FOR THIS ITEM. WORK ON THE ABOVE CONTRACT IS COVERED BY THE COMMUNITY DEVELOPMENT BLOCK GRANT PROGRAM.

TOTAL ALLOCATED \$ 1000.00

TOTAL PREVIOUSLY REQUESTED \$ 0

BALANCE TO DATE \$ 1000.00

AMOUNT OF ENCLOSED VOUCHER \$ 1000.00

BALANCE REMAINING \$ 0

AS THE ABOVE TABULATION SHOWS A BALANCE TO DATE IN THE CDBG ALLOCATION, WE SHOULD UTILIZE OUR LETTER OF CREDIT TO PAY THE ENCLOSED.

Voucher Entry Projects Information

Project Business Unit: COR01

Project: SC2012

Activity: GEN

Source Type: CD

Category: OTH

Subcategory: ---

FOR IDIS USE ONLY:

VOUCHER # _____

HUD ACCT # TRUST ACCT

PRIVILEGED AND CONFIDENTIAL
ATTORNEY CLIENT WORK PRODUCT



April 14, 2014

Ms. Maria Frank
Rockland County Community Development
50 Sanatorium Road
Building K
Pomona, NY 10970

Re: TA Assistance -- Billing
For the Month of April 2014

<i>Month</i>			<i>Amount</i>
April 2014			\$1,000.00
<i>Total Due</i>			<i>\$1,000.00</i>

Kindly make checks payable to SBFG, LLC.

Thank you,



SBFG, LLC

COUNTY OF ROCKLAND
COUNTY OFFICE BUILDING, NEW CITY, N. Y. 10956

imant:

Taxpayer Identification No. 26-3896806
(Federal Tax Id or SSN) **PAYMENT WILL NOT BE MADE WITHO**

Date: 4 / 14 / 2014

FOR INTERNAL USE ONLY

Acct Period: ____/____
(Optional)

Document Total:

Single Check? _____
(Optional)

Scheduled Pay Date / /
(Optional)

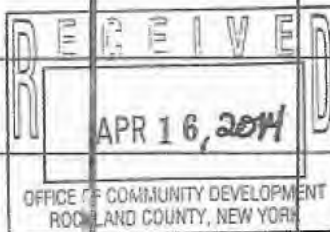
Vendor's Reference Data

Invoice No.

Date _____

Note: ACCOUNTING INFORMATION NOT NECESSARY IF REFERENCING AN ENCUMBRANCE

DESCRIPTION	Quantity	Unit	Unit Price	Amount	Ref Trans Code/ Ref Trans Number	Ref Line	Comm Line	Fnd	Agency	Org	Object	Project No. (Capital Projects)	Amount
A Assistance For APRIL	1	1		1.000					F CD	9995	E4090	SC2011	\$1000.00



CLAIMANTS CERTIFICATION

Dana M. Hays CERTIFY
I HAVE RECEIVED THE ABOVE ACCOUNT
FOR THE AMOUNT OF \$ 6,000

INSTRUCTIONS TO CLAIMANT

AND CORRECT, THAT THE SERVICES, MATERIALS, SUPPLIES, OR EQUIPMENT WERE ACTUALLY RENDERED OR DELIVERED AND/OR THE REPAIRS OR IMPROVEMENTS ACTUALLY AND NECESSARILY MADE, AND THAT THE AMOUNT CLAIMED REMAINS DUE: OWING AND UNPAID, AND NO PART OF THE AMOUNT HAS BEEN PAID OR SATISFIED.

NATURE

E

3. Certification at left must be signed in ink

4. The original and duplicate copies shall be forwarded to the Department of Finance at the above address.

I HEREBY CERTIFY THAT THE MERCHANDISE
ENUMERATED IN THE ABOVE ACCOUNT(S) HAS BEEN
RECEIVED AND/OR THE SERVICES SPECIFIED PERFORMED
AND/OR THE EXPENSES CLAIMED HAVE BEEN INCURRED,
AND I APPROVE THIS CLAIM FOR PAYMENT.

Department Receiving Clerk

Authorized Department Official

Date _____

Date _____

The original and duplicate copies shall be forwarded to the Department of Finance at the above address.

Department of Finance

Date _____

EXHIBIT 6

TELEPHONE
(845) 638-5418

EXHIBIT 6
STANDARD VOUCHER

SC2011 / TRUST

VOUCHER

No. 801828

COUNTY OF ROCKLAND
COUNTY OFFICE BUILDING, NEW CITY, N. Y. 10956

Claimant:

SBFG, LLC

1 Kelly Ct

Tomkins Cove NY 10986

Taxpayer Identification No. _____

Date: 2/13/13

(Federal Tax Id or SSN) PAYMENT WILL NOT BE MADE WITHOUT A TAXPAYER ID NUMBER

FOR INTERNAL USE ONLY

Acct Period: ____/____/____
(Optional)

Document Total: _____

Single Check? ____
(Optional)

Scheduled Pay Date ____/____/____
(Optional)

Vendor's Reference Data Invoice No.

Date

Note: ACCOUNTING INFORMATION NOT NECESSARY IF REFERENCING AN ENCUMBRANCE

DESCRIPTION	Quantity	Unit	Unit Price	Amount	Ref Trans Code/ Ref Trans Number	Ref Line	Comm Line	Fnd	Agency	Org	Object	Project No. (Capital Projects)	Amount
Economic Development Purchase of Business Equipment				\$9,510.76				F	CD	9995	4090	SC2011	\$9,510.76

CLAIMANTS CERTIFICATION

I, DANA T. MAULLEY CERTIFY
THAT THE ABOVE ACCOUNT
IN THE AMOUNT OF \$ 9,510.76 IS

TRUE AND CORRECT, THAT THE SERVICES, MATERIALS, SUPPLIES, OR
EQUIPMENT WERE ACTUALLY RENDERED OR DELIVERED AND/OR THE
DISBURSEMENTS ACTUALLY AND NECESSARILY MADE, AND THAT THE
AMOUNT CLAIMED REMAINS DUE: OWING AND UNPAID, AND NO PART
THEREOF HAS BEEN PAID OR SATISFIED.

SIGNATURE

DATE

TITLE

TOTAL \$ 9,510.76

INSTRUCTIONS
TO CLAIMANT

- Details of claim must be specified in description space and/or you may refer to, and attach, your invoice.
- Supporting documents for requested reimbursement of expenses must be attached.
- Certification at left must be signed in ink.
- The original and duplicate copies shall be forwarded to the Department of Finance at the above address.

I HEREBY CERTIFY THAT THE MERCHANDISE
ENUMERATED IN THE ABOVE ACCOUNT(S) HAS BEEN
RECEIVED AND/OR THE SERVICES SPECIFIED PERFORMED
AND/OR THE EXPENSES CLAIMED HAVE BEEN INCURRED,
AND I APPROVE THIS CLAIM FOR PAYMENT.

Department Receiving Clerk

Date

Authorized Department Official

Date

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EXHIBIT 6

"Dana Malley" <dmalley@sbfusa.com>
To: Joseph Abate
FW: Your receipt from Microsoft

February 13, 2013 8:34 AM

From: Microsoft Retail Store [mailto:microsoftstore@microsoftstoreemail.com]
Sent: Tuesday, February 12, 2013 5:15 PM
To: dmalley@sbfusa.com
Subject: Your receipt from Microsoft

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Thanks for shopping with us

Here's your itemized receipt and information to help you get the most out of your purchase.

Your order details

CUSTOMER NAME:

dana malley

ASSOCIATE NAME:

Jason

DATE PURCHASED: 02/12/2013

ORDER NUMBER: 0000007536

MICROSOFT SURFACE WWIN8 PRO-

64GB SC EN/XD/ES US HDWR

Product sku: 9SR-00001

Price: \$899.00

Quantity: 1

**MICROSOFT ANSWER DESK OUT OF
BOX EXPERIENCE**

Product sku: DQF-00072

Price: \$.00

Quantity: 1

**MICROSOFT COMPLETE FOR
SURFACE PRO**

Product sku: DQF-00248

Price: \$69.00

Quantity: 1



Get your PC cloud-connected

A Microsoft account is a new way to sign into your new Windows PC. Many of your apps and settings are connected to your Microsoft account, so they go with you when you sign in to different PCs. You can get set up in just a few simple steps.

[Learn how](#)

Install Office now

You can set up Office right here by clicking the links below or get free help from the Answer Desk.



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[Get started](#) Learn about the changes and see what's new



[Installation instructions](#) View step-by-step guide

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INCIPIO SCREEN PROTECTOR - MS
PRO SURFACE CLEAR+ ANTIFINGER
Product sku: DHF-00847
Price: \$19.99
Quantity: 1

Device set-up

Take a quick look at our set-up checklist to make sure you are getting the most out of your PC.

[Get started](#)

MICROSOFT TYPE COVER SC
ENGLISH HDWR BLACK
Product sku: D7S-00001
Price: \$129.99
Quantity: 1

Become a PC pro

~~Learn the ins and outs of your PC with a one-hour Personal Training session.~~

[Learn more about Personal Training](#)

MICROSOFT OFFICE HOME AND
BUSINESS 2013 32/64 ENGLISH
US/CANADA ONLY MEDIALESS
Product sku: T5D-01575
Price: \$199.99
Quantity: 1

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Call Customer Service 1-877-696-7786

MICROSOFT SURFACE WWIN8 PRO-
64GB SC EN/XD/ES US HDWR
Product sku: 9SR-00001
Price: \$899.00
Quantity: 1

MICROSOFT ANSWER DESK OUT OF
BOX EXPERIENCE
Product sku: DQF-00072
Price: \$.00
Quantity: 1

MICROSOFT COMPLETE FOR
SURFACE PRO
Product sku: DQF-00248
Price: \$69.00
Quantity: 1

INCIPIO SCREEN PROTECTOR - MS
PRO SURFACE CLEAR+ ANTIFINGER
Product sku: DHF-00847
Price: \$19.99
Quantity: 1

MICROSOFT TYPE COVER SC
ENGLISH HDWR BLACK
Product sku: D7S-00001
Price: \$129.99
Quantity: 1

MICROSOFT OFFICE HOME AND
BUSINESS 2013 32/64 ENGLISH
US/CANADA ONLY MEDIALESS
Product sku: T5D-01575
Price: \$199.99
Quantity: 1

MICROSOFT SURFACE WWIN8 PRO-
128GB SC EN/XD/ES US HDWR
Product sku: 9UR-00001
Price: \$999.00
Quantity: 1

MICROSOFT ANSWER DESK OUT OF

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EXHIBIT 6

BOX EXPERIENCE
Product sku: DQF-00072
Price: \$.00
Quantity: 1

**MICROSOFT COMPLETE FOR
SURFACE PRO**
Product sku: DQF-00248
Price: \$69.00
Quantity: 1

**INCIPIO SCREEN PROTECTOR - MS
PRO SURFACE CLEAR+ ANTIFINGER**
Product sku: DHF-00847
Price: \$19.99
Quantity: 1

**MICROSOFT TYPE COVER SC
ENGLISH HDWR BLACK**
Product sku: D7S-00001
Price: \$129.99
Quantity: 1

**MICROSOFT OFFICE HOME AND
BUSINESS 2013 32/64 ENGLISH
US/CANADA ONLY MEDIALESS**
Product sku: T5D-01575
Price: \$199.99
Quantity: 1

**MICROSOFT SURFACE WWIN8 PRO-
128GB SC EN/XD/ES US HDWR**
Product sku: 9UR-00001
Price: \$999.00
Quantity: 1

**MICROSOFT ANSWER DESK OUT OF
BOX EXPERIENCE**
Product sku: DQF-00072
Price: \$.00
Quantity: 1

**MICROSOFT COMPLETE FOR
SURFACE PRO**
Product sku: DQF-00248
Price: \$69.00
Quantity: 1

**MICROSOFT TOUCH COVER SC
ENGLISH US HDWR RED**
Product sku: D5S-00003
Price: \$119.99
Quantity: 1

**INCIPIO SCREEN PROTECTOR - MS
PRO SURFACE CLEAR+ ANTIFINGER**
Product sku: DHF-00847
Price: \$19.99
Quantity: 1

**MICROSOFT OFFICE HOME AND
BUSINESS 2013 32/64 ENGLISH
US/CANADA ONLY MEDIALESS**
Product sku: T5D-01575
Price: \$199.99
Quantity: 1

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EXHIBIT 6

MICROSOFT SURFACE WWIN8 PRO-
128GB SC EN/XD/ES US HDWR
Product sku: 9UR-00001
Price: \$999.00
Quantity: 1

MICROSOFT ANSWER DESK OUT OF
BOX EXPERIENCE
Product sku: DQF-00072
Price: \$.00
Quantity: 1

MICROSOFT COMPLETE FOR
SURFACE PRO
Product sku: DQF-00248
Price: \$69.00
Quantity: 1

INCIPIO SCREEN PROTECTOR - MS
PRO SURFACE CLEAR+ ANTIFINGER
Product sku: DHF-00847
Price: \$19.99
Quantity: 1

MICROSOFT OFFICE HOME AND
BUSINESS 2013 32/64 ENGLISH
US/CANADA ONLY MEDIALESS
Product sku: T5D-01575
Price: \$199.99
Quantity: 1

MICROSOFT TOUCH COVER SC
ENGLISH US HDWR CYAN BLUE
Product sku: D5S-00004
Price: \$119.99
Quantity: 1

MICROSOFT SURFACE WWIN8 PRO-
128GB SC EN/XD/ES US HDWR
Product sku: 9UR-00001
Price: \$999.00
Quantity: 1

MICROSOFT ANSWER DESK OUT OF
BOX EXPERIENCE
Product sku: DQF-00072
Price: \$.00
Quantity: 1

MICROSOFT COMPLETE FOR
SURFACE PRO
Product sku: DQF-00248
Price: \$69.00
Quantity: 1

MICROSOFT TOUCH COVER SC
ENGLISH US HDWR CYAN BLUE
Product sku: D5S-00004
Price: \$119.99
Quantity: 1

INCIPIO SCREEN PROTECTOR - MS
PRO SURFACE CLEAR+ ANTIFINGER

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EXHIBIT 6

Product sku: DHF-00847
Price: \$19.99
Quantity: 1

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BUSINESS 2013 32/64 ENGLISH
US/CANADA ONLY MEDIALESS
Product sku: T5D-01575
Price: \$199.99
Quantity: 1

KINGSTON DIGITAL 64GB
MICROSDXC CLASS-10 FLASH CARD
Product sku: DDF-00078
Price: \$50.00
Quantity: 5

MICROSOFT WEDGE TOUCH MOUSE
BLUETOOTH SURFACE EDITION
EN/XD/ES HDWR
Product sku: 3LR-00009
Price: \$69.99
Quantity: 3

Subtotal: \$8,737.79
Tax: \$697.13
Total: \$9,434.92

AMOUNT PAID: \$9,434.92
METHOD: Card payment
#Sxxxxxxxxxx5018
Auth # 119468 Exp Date **/**
Cashier # 624540Ref/Seq # 5914
02/12/2013 16:06:18

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"Dana Malley" <dmalley@sbfusa.com>
To: Joseph Abate
FW: Your receipt from Microsoft

February 13, 2013 8:34 AM

From: Microsoft Retail Store [mailto:microsoftstore@microsoftstoreemail.com]
Sent: Tuesday, February 12, 2013 8:24 PM
To: dmalley@sbfusa.com
Subject: Your receipt from Microsoft

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Your order details

CUSTOMER NAME:

dana malley

ASSOCIATE NAME:

Larry

DATE PURCHASED: 02/12/2013

ORDER NUMBER: 0000000010

KINGSTON DIGITAL 32GB

MICROSDHC CLASS 10 FLASH CARD

Product sku: DDF-00070

Price: \$39.99

Quantity: 1

**KINGSTON DIGITAL 32GB USB
DRIVE**

Product sku: DDF-00066

Price: \$29.99

Quantity: 1



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Subtotal: \$69.98
Tax: \$5.86
Total: \$75.84

AMOUNT PAID: \$75.84
METHOD: Card payment
#S5018
Auth # 588337 Exp Date **/**
Cashier # 628647 Ref/Seq # 371789503
02/12/2013 20:18:47

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FW: Your receipt from Microsoft

February 13, 2013 8:33 AM

From: Microsoft Retail Store [mailto:microsoftstore@microsoftstoreemail.com]
Sent: Tuesday, February 12, 2013 9:18 PM
To: dmalley@sbfusa.com
Subject: Your receipt from Microsoft

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Your order details

CUSTOMER NAME:

dana malley

ASSOCIATE NAME:

Larry

DATE PURCHASED: 02/12/2013

ORDER NUMBER: 0000006923

MICROSOFT COMPLETE FOR

SURFACE PRO

Product sku: DQF-00248

Price: \$69.00

Quantity: -1

MICROSOFT COMPLETE FOR

SURFACE PRO

Product sku: dqf-00248

Price: \$3.06

Quantity: 1



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EXHIBIT 6

INCIPIO SLEEVE RED
Product sku: DAF-00148
Price: \$.00
Quantity: 1

INCIPIO SLEEVE PINK
Product sku: DAF-00151
Price: \$.00
Quantity: 1

INCIPIO SLEEVE PINK
Product sku: DAF-00151
Price: \$.00
Quantity: 1

NIXON SLEEVE BLACK
Product sku: DAF-00152
Price: \$.00
Quantity: 1

NIXON SLEEVE BLACK
Product sku: DAF-00152
Price: \$.00
Quantity: 1

NIXON SLEEVE BLACK
Product sku: DAF-00152
Price: \$.00
Quantity: 1

MICROSOFT MS STORE LOGO OPEN
DENOM GIFT CARD
Product sku: DHF-00664
Price: \$65.94
Quantity: 1

Subtotal: \$.00
Tax: \$.00
Total: \$.00

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* 0 0 2 4 1 0 2 0 0 0 0 0 6 9 2 3 *

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EXHIBIT 6

"Dana Malley" <dmalley@sbfusa.com>
To: Joseph Abate
FW: Your receipt from Microsoft

February 13, 2013 8:33 AM

From: Microsoft Retail Store [mailto:microsoftstore@microsoftstoreemail.com]
Sent: Tuesday, February 12, 2013 9:24 PM
To: dmalley@sbfusa.com
Subject: Your receipt from Microsoft

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Your order details

CUSTOMER NAME:
dana malley
ASSOCIATE NAME:
Larry
DATE PURCHASED: 02/12/2013
ORDER NUMBER: 0000007552

**MICROSOFT TOUCH COVER SC
ENGLISH US HDWR CYAN BLUE**
Product sku: D5S-00004
Price: \$119.99
Quantity: -1

**MICROSOFT TOUCH COVER SC
ENGLISH US HDWR CYAN BLUE**
Product sku: D5S-00004
Price: \$119.99
Quantity: -1



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EXHIBIT 6

AMOUNT PAID: \$25.00
METHOD: CExchange

AMOUNT PAID: \$61.69
METHOD: Gift Card Payment
Giftcard Number #Sxxxxxxxxxx1369
Auth # 000425 Card Balance # 4.25
Cashier # 628647 Ref/Seq # 371810699
02/12/2013 21:19:15

[See exchange/return info](#)

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"Dana Malley" <dmalley@sbfusa.com>
To: Joseph Abate
FW: Your receipt from Microsoft

February 13, 2013 8:33 AM

From: Microsoft Retail Store [mailto:microsoftstore@microsoftstoreemail.com]
Sent: Tuesday, February 12, 2013 9:22 PM
To: dmalley@sbfusa.com
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Thanks for shopping with us

We hope you love everything about your recent purchase and if you ever need any help, we are here for you

Your order details

CUSTOMER NAME:
dana malley
ASSOCIATE NAME:
Larry
DATE PURCHASED: 02/12/2013
ORDER NUMBER: 0000007551

MICROSOFT
48WPWRSPUSBWINRT8/8PRO SC
EN/FR/ES HDWR
Product sku: W9S-00001
Price: \$79.99
Quantity: 1

Subtotal: \$79.99
Tax: \$6.70
Total: \$86.69



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EXHIBIT 6

AMOUNT PAID: \$25.00
METHOD: CExchange

AMOUNT PAID: \$4.25
METHOD: Gift Card Payment
Giftcard Number #Sxxxxxxxxxxxx1369
Auth # 000000 Card Balance # 0
Cashier # 628647 Ref/Seq # 371811030
02/12/2013 21:20:26

AMOUNT PAID: \$57.44
METHOD: Card payment
#Sxxxxxxxxxxxx8374
Auth # 013767 Exp Date **/**
Cashier # 628647 Ref/Seq # 5934
02/12/2013 21:20:48

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EXHIBIT 6
STANDARD VOUCHER

VOUCHER
No. 301824

COUNTY OF ROCKLAND
COUNTY OFFICE BUILDING, NEW CITY, N. Y. 10956

Claimant:

SBFG, LLC

ONE Kully Ct

Tomkins Cove NY 10986

Taxpayer Identification No. _____ Date: ____/____/____
(Federal Tax Id or SSN) PAYMENT WILL NOT BE MADE WITHOUT A TAXPAYER ID NUMBER

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Acct Period: ____/____/____
(Optional)

Document Total: _____

Single Check? ____
(Optional)

Scheduled Pay Date ____/____/____
(Optional)

Vendor's Reference Data Invoice No.

Date

Note: ACCOUNTING INFORMATION NOT NECESSARY IF REFERENCING AN ENCUMBRANCE

DESCRIPTION	Quantity	Unit	Unit Price	Amount	Ref Trans Code/ Ref Trans Number	Ref Line	Comm Line	Fnd	Agency	Org	Object	Project No. (Capital Projects)	Amount
ECONOMIC DEVELOPMENT INITIATIVE (EDI)								F	CD	9995	64090	CD1202	15057.82
TECHNICAL ASSISTANCE JULY - OCTOBER				4,000									
TECHNOLOGY EQUIPMENT FOR GDI PROGRAM				11057.82									

CLAIMANTS CERTIFICATION

I, DAVA T. MALLEY CERTIFY
THAT THE ABOVE ACCOUNT
IN THE AMOUNT OF \$ 15057.82

IS
TRUE AND CORRECT, THAT THE SERVICES, MATERIALS, SUPPLIES, OR
EQUIPMENT WERE ACTUALLY RENDERED OR DELIVERED AND/OR THE
DISBURSEMENTS ACTUALLY AND NECESSARILY MADE, AND THAT THE
AMOUNT CLAIMED REMAINS DUE; OWING AND UNPAID, AND NO PART
THEREOF HAS BEEN PAID OR SATISFIED.

SIGNATURE [Signature] DATE 10/5/12

TITLE _____

TOTAL 15057.82

INSTRUCTIONS
TO CLAIMANT

1. Details of claim must be specified in description space and/or you may refer to, and attach, your invoice.
2. Supporting documents for requested reimbursement of expenses must be attached.
3. Certification at left must be signed in ink.

4. The original and multiple copies shall be forwarded to the Department of Finance at the above address.

I HEREBY CERTIFY THAT THE MERCHANDISE
ENUMERATED IN THE ABOVE ACCOUNT(S) HAS BEEN
RECEIVED AND/OR THE SERVICES SPECIFIED PERFORMED
AND/OR THE EXPENSES CLAIMED HAVE BEEN INCURRED,
AND I APPROVE THIS CLAIM FOR PAYMENT.





Department Receiving Clerk _____ Date _____
Authorized Department Official [Signature] 10/5/12 Date _____

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EXHIBIT 6



YOUR CART

DESCRIPTION	DELIVERY OPTIONS	QTY.	TOTAL
 <p>Asus - 23" Widescreen Flat-Panel LED HD Monitor - Black Model: VS238H-B</p> <p>YOU MIGHT ALSO NEED</p> <p>4-Year Protection Plan - Geek Squad \$29.99 Add</p>	<p><input checked="" type="radio"/> Store Pickup: Check Stores</p> <p><input type="radio"/> Shipping: Usually leaves our warehouse in 1 business day</p> <p>Standard</p> <p><input type="checkbox"/> E-mail a gift message</p>	<p>2</p> <p>Update Remove Move to Wish List</p>	<p>Subtotal: \$359.98</p> <p>Our Price: \$179.99</p> <p>Offers</p> <ul style="list-style-type: none"> Free Shipping 6-Month Financing Get 4% Back in Rewards See How
 <p>Asus - Essential Desktop - 8GB Memory - 1TB Hard Drive Model: CM6030-06</p> <p>DO MORE WITH YOUR PURCHASE</p> <p>Complete it Monitors Microsoft Office See More</p> <p>Protect it Geek Squad Protection Plans See More</p>	<p><input checked="" type="radio"/> Store Pickup: Check Stores</p> <p><input type="radio"/> Shipping: Usually leaves our warehouse in 1 business day</p> <p>Standard</p> <p><input type="checkbox"/> E-mail a gift message</p>	<p>1</p> <p>Update Remove Move to Wish List</p>	<p>Subtotal: \$849.99</p> <p>Our Price: \$849.99</p> <p>Offers</p> <ul style="list-style-type: none"> Security Software for \$19.99. See How \$20 Off In-Home Network Setup. See How \$25 Off Microsoft Office 2010. See How Free 8x8 Photo Book. Find Out How
 <p>4-Year Protection Plan - Geek Squad</p>		<p>1</p> <p>Remove</p>	<p>Our Price: \$239.99</p>
 <p>Microsoft Office Home and Business 2010 (Traditional Disc) - Windows</p>	<p><input checked="" type="radio"/> Store Pickup: Check Stores</p> <p><input type="radio"/> Shipping: Usually leaves our warehouse in 1 business day</p> <p>Standard</p> <p><input type="checkbox"/> E-mail a gift message</p>	<p>1</p> <p>Update Remove Move to Wish List</p>	<p>Subtotal: \$279.99</p> <p>Our Price: \$279.99</p> <p>Offers</p> <ul style="list-style-type: none"> Free Shipping 6-Month Financing Get 4% Back in Rewards See How

Product Total: \$1,729.95

Estimated Sales Tax: Not Calculated

Enter delivery ZIP code CALCULATE
to calculate estimated order total

SUBTOTAL: \$1,729.95

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EXHIBIT 6



Invoice

Bill To:

SBFG, LLC
One Kelly Court, Suite 201
Tomkins Cove, NY 10986
Phone: 845-269-3930
Fax: 914-663-5390

Invoice #: **101012**
Invoice Date: **10/10/12**

Date	FOB	Ship Via	Terms
October 10, 2012	Seattle, WA		Upon Receipt

Quantity	Description	Unit Price	Total
2	Advantage Software Licenses	\$ 595.00	\$ 1,190.00
2	Licenses 1 st Year Software Support	\$ 295.00	\$ 590.00
2	PDF Document Output Options	\$ 120.00	\$ 240.00
1	Bureau Export Option (tdb)	\$ 100.00	\$ 100.00
2	T-Value Licenses w/90 Day Support	\$ 134.00	\$ 268.00
5	Hours template creation	\$ 75.00	\$ 375.00
Subtotal			\$ 2,763.00
NAELB Discount			- \$ 400.00
Balance Due			\$ 2,363.00

Thank you for your business!

Please make checks payable to Preferred Business Solutions



19621 82nd Pl W
Edmonds, WA 98026

Phone: 866-352-8665 sales
425-672-2591 support
E-Fax: 435-514-3787
Email: sales@pbs4u.com
Website: <http://www.pbs4u.com>

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Your Cart:

[Continue Shopping](#)[Go to Check Out](#)

Item	Quantity	Price	Total
 Panasonic KX-TG4500B 4-line Expandable Corded/Cordless Phone Item#: 21563 In Stock, Ships Today!	Qty: 1 Update Remove	Now Only: \$499.99	\$499.99
View Recommended Items			
 Jabra GN9350e Bonus Pack Item#: 29143 In Stock, Ships Today!	Qty: 1 Update Remove	MSRP: \$479.00 You Save: \$156.09 Now Only: \$316.91	\$316.91
View Recommended Items			

The following promotion has been applied:
 Free Shipping when you spend \$49 or more!

Merchandise Subtotal: \$816.90

Today you saved **\$156.09**. Go to Check out now before these deals expire!

[Continue Shopping](#)[Go to Check Out](#)

For help or to order by phone call: 1-800-Hello34
 (that's 1-800-435-5634). Please mention keycode YNET when calling.

Exceptional Services from Hello Direct!

- FREE Lifetime Technical Support
- Expert Product Advice

- 100% Satisfaction Guarantee
- Fast, Secure Ordering

- Advanced Product Replacement Service
- Solid Warranties

EXHIBIT 6

CLOSE

Protect your purchase

4-Year Protection Plan - Geek Squad

Please review the following terms and conditions of the plan available in your state. Select the **ACCEPT** button to place this plan and product into your Shopping Cart.

Asus - Essentio Desktop - 8GB Memory - 1TB Hard Drive	\$849.99
4-Year Protection Plan - Geek Squad	\$239.99

Please print this page for your records.

I ACCEPT

Geek Squad Protection Plan Terms & Conditions

GEEK SQUAD PROTECTION PLAN

Terms & Conditions

This is a legal contract (hereinafter referred to as the "Plan"). By purchasing it, you understand that it is a legal contract and acknowledge that you have had the opportunity to read the terms and conditions set forth herein. This Plan and your purchase receipt, containing the effective date and expiration date of your Plan, and the product purchase identification constitute the entire agreement between you and us.

Definitions. Throughout this Plan the words "we", "us" and "our" refer to Chartis WarrantyGuard, Inc. ("CWG"), the Obligor of this Plan except in Oklahoma and the Administrator of this Plan. CWG can be contacted at 300 South Riverside Plaza, Chicago, IL 60606-6613, telephone 1-800-250-3819. In Florida, the company obligated under the Plan is NEW HAMPSHIRE INSURANCE COMPANY, whose address is 180 Maiden Lane, 25th Floor, New York, New York 10038, telephone 1-800-250-3819. "Best Buy" refers to Best Buy Stores, L.P. "Magnolia" refers to Magnolia Hi-Fi, Inc. The words "you" and "your" refers to the purchaser of this Plan.

A. Geek Squad Protection (GSP) - Plan Coverage.

This Plan covers parts and labor costs to repair your product in the event your product fails to properly operate due to:

Defects in materials or workmanship;

Normal wear and tear;

Dust, internal overheating, internal humidity/condensation;

Power surge/fluctuation; or

Defective pixels for those products that have a pixel-based display. Pixel repair will be based upon three (3) defective pixels throughout the entire display area;

Repair of image burn-in for all screens regardless of product category.

Your coverage under this Plan is effective beginning on the date you purchase your product or on the date your original product was delivered to you as stated on your purchase receipt and will expire either one (1), two (2), three (3), four (4) or five (5) years from this effective date depending on the length of the Plan you purchased. Your Plan may autorenew in accordance with Section O of this Plan. This Plan is inclusive of your product's manufacturer's warranty; it does not replace your product's manufacturer's warranty, but it does provide certain additional benefits as listed within this Plan during the term of the manufacturer's warranty. Products must be utilized as the manufacturer intended as stated in your manufacturer's warranty.

Parts and services that are covered under the manufacturer's warranty during the manufacturer's warranty period or that are the subject of a manufacturer's recall are the responsibility of the manufacturer and are not covered under this Plan.

After the manufacturer's warranty expires, this Plan continues to provide the benefits provided by the manufacturer's warranty (excluding any manufacturer's loaner program), as well as certain additional benefits as listed within these terms and conditions.

If we determine, at our sole discretion, that your product cannot be repaired, we will replace it with a product of like kind and quality that is of comparable performance or term (up to you for replacement or

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EXHIBIT 7

12-3 Certification as left must be signed in ink. **PRIVILEGED AND CONFIDENTIAL** **ATTORNEY-CLIENT WORK PRODUCT**

4 THE original and duplicate copies shall be forwarded to the Department of Finance at the above address.

Department of Finance

Approved: _____
Payment _____
Department of Finance

EXHIBIT 7

ROCKLAND COUNTY OFFICE OF COMMUNITY DEVELOPMENT COMMUNITY DEVELOPMENT BLOCK GRANT VOUCHER

DATE 12/12/12
PROJECT Rockland County Economic Development Initiative
SUBRECIPIENT Rockland County
VENDOR PAL AUTO SALES
PROJECT YEAR 2012

VOUCHER NUMBER 999702, THE 2ND
VOUCHER FOR THIS ITEM. WORK ON THE ABOVE CONTRACT IS COVERED BY THE
COMMUNITY DEVELOPMENT BLOCK GRANT PROGRAM.

TOTAL ALLOCATED	\$ 1,867,000.00
TOTAL PREVIOUSLY REQUESTED	\$ <u>50,000.00</u>
BALANCE TO DATE	\$ <u>1,817,000.00</u>
AMOUNT OF ENCLOSED VOUCHER	\$ <u>100,000.00</u>
BALANCE REMAINING	\$ <u>1,717,000.00</u>

AS THE ABOVE TABULATION SHOWS A BALANCE TO DATE IN THE CDBG ALLOCATION,
PLEASE UTILIZE OUR LETTER OF CREDIT TO PAY THE ATTACHED.

VOUCHER ENTRY PROJECTS INFORMATION

PROJECT BUSINESS UNIT: COR01

PROJECT SC2012

ACTIVITY GEN

SOURCE TYPE CD

CATEGORY OTH

IDIS USE ONLY

VOUCHER # _____

HUD ACCT # TRUST ACCT.

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SUBRECIPIENT AGREEMENT

THIS AGREEMENT, entered this, December , 2012 by and between the County of Rockland (herein called the "COUNTY") and PAL Auto Sales Inc. a For Profit corporation, of the State of New York, having offices at 51 Route 9W, West Haverstraw, New York, 10993, (herein called the "Subrecipient").

WHEREAS, the County has, in cooperation and agreement with the Subrecipient, applied for and received funds from the United States Government under Title I of the Housing and Community Development Act of 1974, as amended (HCD Act), Public Law 93-383; and for Program Year 2012 with the eligibility of the County for such grant based, in part, on its status as an "Urban County" under the Act; and

WHEREAS, the County achieved its "Urban County" status as a result of entering into cooperation agreements with that number of other municipalities in Rockland County whose combined population exceeds 200,000 in number; and

NOW, THEREFORE, it is agreed between the parties hereto that;

I. SCOPE OF SERVICE

A. Activities

The auto dealers requires a loan of \$100,000 to be used for purchase of additional inventory... The business: After years of being in the new car business with New Car Franchises, the Palladino family is going back into the business, this time selling top quality used autos. The prices range from 5K to 25K and they are looking to service the local market as well having the addition of internet sales.

General Administration

B. National Objectives

All activities funded with CDBG funds must meet one of the CDBG program's National Objectives: benefit low- and moderate-income persons; aid in the prevention or elimination of slums or blight; or meet community development needs having a particular urgency, as defined in 24 CFR 570.208. The Subrecipient certifies that the activity (ies) carried out under this Agreement will meet a National Objective.

C. Levels of Accomplishment – Goals and Performance Measures

The levels of accomplishment may include such measures as units rehabbed; persons or households assisted, or meals served, and should also include time frames for performance.

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D. Staffing

Any changes in the Key Personnel assigned or their general responsibilities under this project are subject to the prior approval of the COUNTY.

E. Performance Monitoring

The COUNTY will monitor the performance of the Subrecipient against goals and performance standards as stated above. Substandard performance as determined by the COUNTY will constitute noncompliance with this Agreement. If action to correct such substandard performance is not taken by the Subrecipient within a reasonable period of time after being notified by the COUNTY, contract suspension or termination procedures will be initiated.

II. TIME OF PERFORMANCE

N/A

III. BUDGET

Any indirect costs charged must be consistent with the conditions of Paragraph VIII (C) (2) of this Agreement. In addition, the COUNTY may require a more detailed budget breakdown than the one contained herein, and the Subrecipient shall provide such supplementary budget information in a timely fashion in the form and content prescribed by the COUNTY. Any amendments to the budget must be approved in writing by both the COUNTY and the Subrecipient.

IV. PAYMENT

It is expressly agreed and understood that the total amount to be paid by the COUNTY under this Agreement shall not exceed \$100,000.00. Drawdowns for the payment of eligible expenses shall be made against the line item budgets specified in Paragraph III herein and in accordance with performance. Expenses for general administration shall also be paid against the line item budgets specified in Paragraph III and in accordance with performance.

Payments may be contingent upon certification of the Subrecipient's financial management system in accordance with the standards specified in 24 CFR 84.21.

V. NOTICES

Notices required by this Agreement shall be in writing and delivered via mail (postage prepaid), commercial courier, or personal delivery or sent by facsimile or other electronic means. Any notice delivered or sent as aforesaid shall be effective on the date of delivery or sending. All notices and other written communications under this Agreement shall be addressed to the individuals in the capacities indicated below, unless otherwise modified by subsequent written notice.

Communication and details concerning this contract shall be directed to the following contract representative:

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EXHIBIT 7

Joseph F. Abate, Director
Rockland County Office of Community Development
50 Sanatorium Road, Building K
Pomona, New York, 10970
(845) 364-3939 (Phone), (845) 364-3940 (Fax)
abatej@co.rockland.ny.us

VI. SPECIAL CONDITIONS

None

VII. GENERAL CONDITIONS

A. General Compliance

The Subrecipient agrees to comply with the requirements of Title 24 of the Code of Federal Regulations, Part 570 (the U.S. Housing and Urban Development regulations concerning Community Development Block Grants (CDBG)) including subpart K of these regulations, except that (1) the Subrecipient does not assume the recipient's environmental responsibilities described in 24 CFR 570.604 and (2) the Subrecipient does not assume the recipient's responsibility for initiating the review process under the provisions of 24 CFR Part 52. The Subrecipient also agrees to comply with all other applicable Federal, state and local laws, regulations, and policies governing the funds provided under this contract. The Subrecipient further agrees to utilize funds available under this Agreement to supplement rather than supplant funds otherwise available.

B. "Independent Contractor"

Nothing contained in this Agreement is intended to, or shall be construed in any manner, as creating or establishing the relationship of employer/employee between the parties. The Subrecipient shall at all times remain an "independent contractor" with respect to the services to be performed under this Agreement. The COUNTY shall be exempt from payment of all Unemployment Compensation, FICA, retirement, life and/or medical insurance and Workers' Compensation Insurance, as the Subrecipient is an independent contractor.

C. Hold Harmless

The Subrecipient shall hold harmless, defend and indemnify the COUNTY from any and all claims, actions, suits, charges and judgments whatsoever that arise out of the Subrecipient's performance or nonperformance of the services or subject matter called for in this Agreement.

D. Workers' Compensation

The Subrecipient shall provide Workers' Compensation Insurance coverage for all of its employees involved in the performance of this Agreement.

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EXHIBIT 7

E. Insurance & Bonding

The Subrecipient shall carry sufficient insurance coverage to protect contract assets from loss due to theft, fraud and/or undue physical damage, and as a minimum shall purchase a blanket fidelity bond covering all employees in an amount equal to cash advances from the COUNTY.

The Subrecipient shall comply with the bonding and insurance requirements of 24 CFR 84.31 and 84.48, Bonding and Insurance.

F. County Recognition

The Subrecipient shall insure recognition of the role of the COUNTY in providing services through this Agreement. All activities, facilities and items utilized pursuant to this Agreement shall be prominently labeled as to funding source. In addition, the Subrecipient will include a reference to the support provided herein in all publications made possible with funds made available under this Agreement.

G. Amendments

The COUNTY or Subrecipient may amend this Agreement at any time provided that such amendments make specific reference to this Agreement, and are executed in writing, signed by a duly authorized representative of each organization, and approved by the Office of Community Development. Such amendments shall not invalidate this Agreement, nor relieve or release the COUNTY or Subrecipient from its obligations under this Agreement.

The COUNTY may, in its discretion, amend this Agreement to conform with Federal, state or local governmental guidelines, policies and available funding amounts, or for other reasons. If such amendments result in a change in the funding, the scope of services, or schedule of the activities to be undertaken as part of this Agreement, such modifications will be incorporated only by written amendment signed by both COUNTY and Subrecipient.

H. Suspension or Termination

In accordance with 24 CFR 85.43, the COUNTY may suspend or terminate this Agreement if the Subrecipient materially fails to comply with any terms of this Agreement, which include (but are not limited to) the following:

1. Failure to comply with any of the rules, regulations or provisions referred to herein, or such statutes, regulations, executive orders, and HUD guidelines, policies or directives as may become applicable at any time;
2. Failure, for any reason, of the Subrecipient to fulfill in a timely and proper manner its obligations under this Agreement;
3. Ineffective or improper use of funds provided under this Agreement; or

EXHIBIT 7

4. Submission by the Subrecipient to the COUNTY reports that are incorrect or incomplete in any material respect.

In accordance with 24 CFR 85.44, this Agreement may also be terminated for convenience by either the COUNTY or the Subrecipient, in whole or in part, by setting forth the reasons for such termination, the effective date, and, in the case of partial termination, the portion to be terminated. However, if in the case of a partial termination, the COUNTY determines that the remaining portion of the award will not accomplish the purpose for which the award was made, the COUNTY may terminate the award in its entirety.

VIII. ADMINISTRATIVE REQUIREMENTS

A. Financial Management

1. Accounting Standards

The Subrecipient agrees to comply with 24 CFR 84.21-28 and agrees to adhere to the accounting principles and procedures required therein, utilize adequate internal controls, and maintain necessary source documentation for all costs incurred.

2. Cost Principles

The Subrecipient shall administer its program in conformance with OMB Circulars A-122, "Cost Principles for Non-Profit Organizations," or A-21, "Cost Principles for Educational Institutions," as applicable. These principles shall be applied for all costs incurred whether charged on a direct or indirect basis.

B. Documentation and Record Keeping

1. Records to be Maintained

The Subrecipient shall maintain all records required by the Federal regulations specified in 24 CFR 570.506 that are pertinent to the activities to be funded under this Agreement. Such records shall include but not be limited to:

- a. Records providing a full description of each activity undertaken;
- b. Records demonstrating that each activity undertaken meets one of the National Objectives of the CDBG program;
- c. Records required to determine the eligibility of activities;
- d. Records required to document the acquisition, improvement, use or disposition of real property acquired or improved with CDBG assistance;
- e. Records documenting compliance with the fair housing and equal opportunity components of the CDBG program;
- f. Financial records as required by 24 CFR 570.502, and 24 CFR 84.21-28; and
- g. Other records necessary to document compliance with Subpart K of 24 CFR Part 570.

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2. Retention

The Subrecipient shall retain all financial records, supporting documents, statistical records, and all other records pertinent to the Agreement for a period of four (4) years. The retention period begins on the date of the submission of the COUNTY's annual performance and evaluation report to HUD in which the activities assisted under the Agreement are reported on for the final time. Notwithstanding the above, if there is litigation, claims, audits, negotiations or other actions that involve any of the records cited and that have started before the expiration of the four-year period, then such records must be retained until completion of the actions and resolution of all issues, or the expiration of the four-year period, whichever occurs later.

3. Client Data

The Subrecipient shall maintain client data demonstrating client eligibility for services provided. Such data shall include, but not be limited to, client name, address, income level or other basis for determining eligibility, and description of service provided. Such information shall be made available to COUNTY monitors or their designees for review upon request.

4. Disclosure

The Subrecipient understands that client information collected under this contract is private and the use or disclosure of such information, when not directly connected with the administration of the COUNTY's or Subrecipient's responsibilities with respect to services provided under this contract, is prohibited by the Federal Privacy Act unless written consent is obtained from such person receiving service and, in the case of a minor, that of a responsible parent/guardian.

5. Close-outs

The Subrecipient's obligation to the COUNTY shall not end until all closeout requirements are completed. Activities during this closeout period shall include, but are not limited to: making final payments, disposing of program assets (including the return of all unused materials, equipment, unspent cash advances, program income balances, and accounts receivable to the COUNTY), and determining the custodianship of records. Notwithstanding the foregoing, the terms of this Agreement shall remain in effect during any period that the Subrecipient has control over CDBG funds, including program income.

6. Audits & Inspections

All Subrecipient records with respect to any matters covered by this Agreement shall be made available to the COUNTY, grantor agency, and the Comptroller General of the United States or any of their authorized representatives, at any time during normal business hours, as often as deemed necessary, to audit, examine, and make excerpts or transcripts of all relevant data. Any deficiencies

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EXHIBIT 7

noted in audit reports must be fully cleared by the Subrecipient within 30 days after receipt by the Subrecipient. Failure of the Subrecipient to comply with the above audit requirements will constitute a violation of this contract and may result in the withholding of future payments. The Subrecipient hereby agrees to have an annual agency audit conducted in accordance with current COUNTY policy concerning subrecipient audits and OMB Circular A-133.

C. Reporting and Payment Procedures

1. Program Income

The Subrecipient shall report monthly all program income (as defined at 24 CFR 570.500(a)) generated by activities carried out with CDBG funds made available under this contract. The use of program income by the Subrecipient shall comply with the requirements set forth at 24 CFR 570.504. By way of further limitations, the Subrecipient may use such income during the contract period for activities permitted under this contract and shall reduce requests for additional funds by the amount of any such program income balances on hand. All unexpended program income shall be returned to the COUNTY at the end of the contract period. Any interest earned on cash advances from the U.S. Treasury and from funds held in a revolving fund account is not program income and shall be remitted promptly to the COUNTY.

2. Indirect Costs

If indirect costs are charged, the Subrecipient will develop an indirect cost allocation plan for determining the appropriate Subrecipient's share of administrative costs and shall submit such plan to the COUNTY for approval, in a form specified by the COUNTY.

3. Payment Procedures

The COUNTY will pay to the Subrecipient funds available under this Agreement based upon information submitted by the Subrecipient and consistent with any approved budget and COUNTY policy concerning payments. With the exception of certain advances, payments will be made for eligible expenses actually incurred by the Subrecipient, and not to exceed actual cash requirements. Payments will be adjusted by the COUNTY in accordance with advance fund and program income balances available in Subrecipient accounts. In addition, the COUNTY reserves the right to liquidate funds available under this contract for costs incurred by the COUNTY on behalf of the Subrecipient.

4. Progress Reports

The Subrecipient shall submit regular Progress Reports to the COUNTY in the form, content, and frequency as required by the COUNTY.

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D. Procurement

1. Compliance

The Subrecipient shall comply with current COUNTY policy concerning the purchase of equipment and shall maintain inventory records of all non-expendable personal property as defined by such policy as may be procured with funds provided herein. All program assets (unexpended program income, property, equipment, etc.) shall revert to the COUNTY upon termination of this Agreement.

2. OMB Standards

Unless specified otherwise within this agreement, the Subrecipient shall procure all materials, property, or services in accordance with the requirements of 24 CFR 84.40-48.

E. Use and Reversion of Assets

The use and disposition of real property and equipment under this Agreement shall be in compliance with the requirements of 24 CFR Part 84 and 24 CFR 570.502, 570.503, and 570.504, as applicable, which include but are not limited to the following:

1. The Subrecipient shall transfer to the COUNTY any CDBG funds on hand and any accounts receivable attributable to the use of funds under this Agreement at the time of expiration, cancellation, or termination.
2. Real property under the Subrecipient's control that was acquired or improved, in whole or in part, with funds under this Agreement in excess of \$25,000 shall be used to meet one of the CDBG National Objectives pursuant to 24 CFR 570.208 for 30 years. If the Subrecipient fails to use CDBG-assisted real property in a manner that meets a CDBG National Objective for the prescribed period of time, the Subrecipient shall pay the COUNTY an amount equal to the current fair market value of the property less any portion of the value attributable to expenditures of non-CDBG funds for acquisition of, or improvement to, the property. Such payment shall constitute program income to the COUNTY. The Subrecipient may retain real property acquired or improved under this Agreement after the expiration of the five-year period [or such longer period of time as the COUNTY deems appropriate].
3. In all cases in which equipment acquired, in whole or in part, with funds under this Agreement is sold, the proceeds shall be program income (prorated to reflect the extent to that funds received under this Agreement were used to acquire the equipment). Equipment not needed by the Subrecipient for activities under this Agreement shall be (a) transferred to the COUNTY for the CDBG program or (b) retained after compensating the COUNTY [an amount equal to the current fair market value of the equipment less the percentage of non-CDBG funds used to acquire the equipment].

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EXHIBIT 7

IX. RELOCATION, REAL PROPERTY ACQUISITION AND ONE-FOR-ONE HOUSING REPLACEMENT

The Subrecipient agrees to comply with (a) the Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970, as amended (URA), and implementing regulations at 49 CFR Part 24 and 24 CFR 570.606(b); (b) the requirements of 24 CFR 570.606(c) governing the Residential Anti-displacement and Relocation Assistance Plan under section 104(d) of the HCD Act; and (c) the requirements in 24 CFR 570.606(d) governing optional relocation policies. The Subrecipient shall provide relocation assistance to displaced persons as defined by 24 CFR 570.606(b) (2) that are displaced as a direct result of acquisition, rehabilitation, demolition or conversion for a CDBG-assisted project. The Subrecipient also agrees to comply with applicable COUNTY ordinances, resolutions and policies concerning the displacement of persons from their residences.

X. PERSONNEL & PARTICIPANT CONDITIONS

A. Civil Rights

1. Compliance

The Subrecipient agrees to comply with Civil Rights Law of the State of New York and with Title VI of the Civil Rights Act of 1964 as amended, Title VIII of the Civil Rights Act of 1968 as amended, Section 104(b) and Section 109 of Title I of the Housing and Community Development Act of 1974 as amended, Section 504 of the Rehabilitation Act of 1973, the Americans with Disabilities Act of 1990, the Age Discrimination Act of 1975, Executive Order 11063, and Executive Order 11246 as amended by Executive Orders 11375, 11478, 12107 and 12086.

2. Nondiscrimination

The Subrecipient agrees to comply with the non-discrimination in employment and contracting opportunities laws, regulations, and executive orders referenced in 24 CFR 570.607, as revised by Executive Order 13279. The applicable non-discrimination provisions in Section 109 of the HCDA are still applicable.

3. Land Covenants

This contract is subject to the requirements of Title VI of the Civil Rights Act of 1964 (P. L. 88-352) and 24 CFR 570.601 and 570.602. In regard to the sale, lease, or other transfer of land acquired, cleared or improved with assistance provided under this contract, the Subrecipient shall cause or require a covenant running with the land to be inserted in the deed or lease for such transfer, prohibiting discrimination as herein defined, in the sale, lease or rental, or in the use or occupancy of such land, or in any improvements erected or to be erected thereon, providing that the COUNTY and the United States are beneficiaries of

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and entitled to enforce such covenants. The Subrecipient, in undertaking its obligation to carry out the program assisted hereunder, agrees to take such measures as are necessary to enforce such covenant, and will not itself so discriminate.

4. Section 504

The Subrecipient agrees to comply with all Federal regulations issued pursuant to compliance with Section 504 of the Rehabilitation Act of 1973 (29 U.S.C. 794), which prohibits discrimination against the individuals with disabilities or handicaps in any Federally assisted program. The COUNTY shall provide the Subrecipient with any guidelines necessary for compliance with that portion of the regulations in force during the term of this Agreement.

B. Affirmative Action

1. Approved Plan

The Subrecipient agrees that it shall be committed to carry out pursuant to the COUNTY's specifications an Affirmative Action Program in keeping with the principles as provided in President's Executive Order 11246 of September 24, 1966. The COUNTY shall provide Affirmative Action guidelines to the Subrecipient to assist in the formulation of such program. The Subrecipient shall submit a plan for an Affirmative Action Program for approval prior to the award of funds.

2. Women- and Minority-Owned Businesses (W/MBE)

The Subrecipient will use its best efforts to afford small businesses, minority business enterprises, and women's business enterprises the maximum practicable opportunity to participate in the performance of this contract. As used in this contract, the terms "small business" means a business that meets the criteria set forth in section 3(a) of the Small Business Act, as amended (15 U.S.C. 632), and "minority and women's business enterprise" means a business at least fifty-one (51) percent owned and controlled by minority group members or women. For the purpose of this definition, "minority group members" are Afro-Americans, Spanish-speaking, Spanish surnamed or Spanish-heritage Americans, Asian-Americans, and American Indians. The Subrecipient may rely on written representations by businesses regarding their status as minority and female business enterprises in lieu of an independent investigation.

3. Access to Records

The Subrecipient shall furnish and cause each of its own subrecipients or subcontractors to furnish all information and reports required hereunder and will permit access to its books, records and accounts by the COUNTY, HUD or its agent, or other authorized Federal officials for purposes of investigation to ascertain compliance with the rules, regulations and provisions stated herein.

4. Notifications

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The Subrecipient will send to each labor union or representative of workers with which it has a collective bargaining agreement or other contract or understanding, a notice, to be provided by the agency contracting officer, advising the labor union or worker's representative of the Subrecipient's commitments hereunder, and shall post copies of the notice in conspicuous places available to employees and applicants for employment.

5. Equal Employment Opportunity and Affirmative Action (EEO/AA) Statement

The Subrecipient will, in all solicitations or advertisements for employees placed by or on behalf of the Subrecipient, state that it is an Equal Opportunity or Affirmative Action employer.

6. Subcontract Provisions

The Subrecipient will include the provisions of Paragraphs X.A, Civil Rights, and B, Affirmative Action, in every subcontract or purchase order, specifically or by reference, so that such provisions will be binding upon each of its own subrecipients or subcontractors.

C. Employment Restrictions

1. Prohibited Activity

The Subrecipient is prohibited from using funds provided herein or personnel employed in the administration of the program for: political activities; inherently religious activities; lobbying; political patronage; and nepotism activities.

2. Labor Standards

The Subrecipient agrees to comply with the requirements of the Secretary of Labor in accordance with the Davis-Bacon Act as amended, the provisions of Contract Work Hours and Safety Standards Act (40 U.S.C. 327 *et seq.*) and all other applicable Federal, state and local laws and regulations pertaining to labor standards insofar as those acts apply to the performance of this Agreement. The Subrecipient agrees to comply with the Copeland Anti-Kick Back Act (18 U.S.C. 874 *et seq.*) and its implementing regulations of the U.S. Department of Labor at 29 CFR Part 5. The Subrecipient shall maintain documentation that demonstrates compliance with hour and wage requirements of this part. Such documentation shall be made available to the COUNTY for review upon request.

The Subrecipient agrees that, except with respect to the rehabilitation or construction of residential property containing less than eight (8) units, all contractors engaged under contracts in excess of \$2,000.00 for construction, renovation or repair work financed in whole or in part with assistance provided under this contract, shall comply with Federal requirements adopted by the

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COUNTY pertaining to such contracts and with the applicable requirements of the regulations of the Department of Labor, under 29 CFR Parts 1, 3, 5 and 7 governing the payment of wages and ratio of apprentices and trainees to journey workers; provided that, if wage rates higher than those required under the regulations are imposed by state or local law, nothing hereunder is intended to relieve the Subrecipient of its obligation, if any, to require payment of the higher wage. The Subrecipient shall cause or require to be inserted in full, in all such contracts subject to such regulations, provisions meeting the requirements of this paragraph.

3. "Section 3" Clause

a. Compliance

Compliance with the provisions of Section 3 of the HUD Act of 1968, as amended, and as implemented by the regulations set forth in 24 CFR 135, and all applicable rules and orders issued hereunder prior to the execution of this contract, shall be a condition of the Federal financial assistance provided under this contract and binding upon the COUNTY, the Subrecipient and any of the Subrecipient's subrecipients and subcontractors. Failure to fulfill these requirements shall subject the COUNTY, the Subrecipient and any of the Subrecipient's subrecipients and subcontractors, their successors and assigns, to those sanctions specified by the Agreement through which Federal assistance is provided. The Subrecipient certifies and agrees that no contractual or other disability exists that would prevent compliance with these requirements.

The Subrecipient further agrees to comply with these "Section 3" requirements and to include the following language in all subcontracts executed under this Agreement:

"The work to be performed under this Agreement is a project assisted under a program providing direct Federal financial assistance from HUD and is subject to the requirements of Section 3 of the Housing and Urban Development Act of 1968, as amended (12 U.S.C. 1701). Section 3 requires that to the greatest extent feasible opportunities for training and employment be given to low- and very low-income residents of the project area, and that contracts for work in connection with the project be awarded to business concerns that provide economic opportunities for low- and very low-income persons residing in the metropolitan area in which the project is located."

The Subrecipient further agrees to ensure that opportunities for training and employment arising in connection with a housing rehabilitation (including reduction and abatement of lead-based paint hazards), housing construction, or other public construction project are given to low- and very low-income persons residing within the metropolitan area in which

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the CDBG-funded project is located; where feasible, priority should be given to low- and very low-income persons within the service area of the project or the neighborhood in which the project is located, and to low- and very low-income participants in other HUD programs; and award contracts for work undertaken in connection with a housing rehabilitation (including reduction and abatement of lead-based paint hazards), housing construction, or other public construction project to business concerns that provide economic opportunities for low- and very low-income persons residing within the metropolitan area in which the CDBG-funded project is located; where feasible, priority should be given to business concerns that provide economic opportunities to low- and very low-income residents within the service area or the neighborhood in which the project is located, and to low- and very low-income participants in other HUD programs.

The Subrecipient certifies and agrees that no contractual or other legal incapacity exists that would prevent compliance with these requirements.

b. Notifications

The Subrecipient agrees to send to each labor organization or representative of workers with which it has a collective bargaining agreement or other contract or understanding, if any, a notice advising said labor organization or worker's representative of its commitments under this Section 3 clause and shall post copies of the notice in conspicuous places available to employees and applicants for employment or training.

c. Subcontracts

The Subrecipient will include this Section 3 clause in every subcontract and will take appropriate action pursuant to the subcontract upon a finding that the subcontractor is in violation of regulations issued by the grantor agency. The Subrecipient will not subcontract with any entity where it has notice or knowledge that the latter has been found in violation of regulations under 24 CFR Part 135 and will not let any subcontract unless the entity has first provided it with a preliminary statement of ability to comply with the requirements of these regulations.

D. Conduct

1. Assignability

The Subrecipient shall not assign or transfer any interest in this Agreement without the prior written consent of the COUNTY thereto; provided, however, that claims for money due or to become due to the Subrecipient from the COUNTY under this contract may be assigned to a bank, trust company, or other financial institution without such approval. Notice of any such assignment or transfer shall be furnished promptly to the COUNTY.

2. Subcontracts

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a. Approvals

The Subrecipient shall not enter into any subcontracts with any agency or individual in the performance of this contract without the written consent of the COUNTY prior to the execution of such agreement.

b. Monitoring

The Subrecipient will monitor all subcontracted services on a regular basis to assure contract compliance. Results of monitoring efforts shall be summarized in written reports and supported with documented evidence of follow-up actions taken to correct areas of noncompliance.

c. Content

The Subrecipient shall cause all of the provisions of this contract in its entirety to be included in and made a part of any subcontract executed in the performance of this Agreement.

d. Selection Process

The Subrecipient shall undertake to insure that all subcontracts let in the performance of this Agreement shall be awarded on a fair and open competition basis in accordance with applicable procurement requirements. Executed copies of all subcontracts shall be forwarded to the COUNTY along with documentation concerning the selection process.

3. Hatch Act

The Subrecipient agrees that no funds provided, nor personnel employed under this Agreement, shall be in any way or to any extent engaged in the conduct of political activities in violation of Chapter 15 of Title V of the U.S.C.

4. Conflict of Interest

The Subrecipient agrees to abide by the provisions of 24 CFR 84.42 and 570.611, which include (but are not limited to) the following:

- a. The Subrecipient shall maintain a written code or standards of conduct that shall govern the performance of its officers, employees or agents engaged in the award and administration of contracts supported by Federal funds.
- b. No employee, officer or agent of the Subrecipient shall participate in the selection, or in the award, or administration of.

EXHIBIT 7

a contract supported by Federal funds if a conflict of interest, real or apparent, would be involved.

- c. No covered persons who exercise or have exercised any functions or responsibilities with respect to CDBG-assisted activities, or who are in a position to participate in a decision-making process or gain inside information with regard to such activities, may obtain a financial interest in any contract, or have a financial interest in any contract, subcontract, or agreement with respect to the CDBG-assisted activity, or with respect to the proceeds from the CDBG-assisted activity, either for themselves or those with whom they have business or immediate family ties, during their tenure or for a period of one (1) year thereafter. For purposes of this paragraph, a "covered person" includes any person who is an employee, agent, consultant, officer, or elected or appointed official of the COUNTY, the Subrecipient, or any designated public agency.

5. Lobbying

The Subrecipient hereby certifies that:

- a. No Federal appropriated funds have been paid or will be paid, by or on behalf of it, to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the awarding of any Federal contract, the making of any Federal grant, the making of any Federal loan, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any Federal contract, grant, loan, or cooperative agreement;
- b. If any funds other than Federal appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this Federal contract, grant, loan, or cooperative agreement, it will complete and submit Standard Form-LLL, "Disclosure Form to Report Lobbying," in accordance with its instructions; and
- c. It will require that the language of paragraph (d) of this certification be included in the award documents for all sub-awards at all tiers (including subcontracts, sub-grants, and contracts under grants, loans, and cooperative agreements) and that all Subrecipients shall certify and disclose accordingly:
- d. Lobbying Certification

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This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Submission of this certification is a prerequisite for making or entering into this transaction imposed by section 1352, title 31, U.S.C. Any person who fails to file the required certification shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.

6. Copyright

If this contract results in any copyrightable material or inventions, the COUNTY and/or grantor agency reserves the right to royalty-free, non-exclusive and irrevocable license to reproduce, publish or otherwise use and to authorize others to use, the work or materials for governmental purposes.

7. Religious Activities

The Subrecipient agrees that funds provided under this Agreement will not be utilized for inherently religious activities prohibited by 24 CFR 570.200(j), such as worship, religious instruction, or proselytization.

XI. ENVIRONMENTAL CONDITIONS

A. Air and Water

The Subrecipient agrees to comply with the following requirements insofar as they apply to the performance of this Agreement:

- Clean Air Act, 42 U.S.C. , 7401, *et seq.*;
- Federal Water Pollution Control Act, as amended, 33 U.S.C., 1251, *et seq.*, as amended, 1318 relating to inspection, monitoring, entry, reports, and information, as well as other requirements specified in said Section 114 and Section 308, and all regulations and guidelines issued thereunder;
- Environmental Protection Agency (EPA) regulations pursuant to 40 CFR Part 50, as amended.

B. Flood Disaster Protection

In accordance with the requirements of the Flood Disaster Protection Act of 1973 (42 U.S.C. 4001), the Subrecipient shall assure that for activities located in an area identified by the Federal Emergency Management Agency (FEMA) as having special flood hazards, flood insurance under the National Flood Insurance Program is obtained and maintained as a condition of financial assistance for acquisition or construction purposes (including rehabilitation).

C. Lead-Based Paint

The Subrecipient agrees that any construction or rehabilitation of residential structures with assistance provided under this Agreement shall be subject to HUD Lead-Based Paint Regulations at 24 CFR 570.608, and 24 CFR Part 35, Subpart B. Such regulations pertain to all CDBG-assisted housing and require that all owners, prospective owners, and tenants of properties constructed prior to 1978 be properly notified that such properties

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may include lead-based paint. Such notification shall point out the hazards of lead-based paint and explain the symptoms, treatment and precautions that should be taken when dealing with lead-based paint poisoning and the advisability and availability of blood lead level screening for children under seven. The notice should also point out that if lead-based paint is found on the property, abatement measures may be undertaken. The regulations further require that, depending on the amount of Federal funds applied to a property, paint testing, risk assessment, treatment and/or abatement may be conducted.

D. Historic Preservation

The Subrecipient agrees to comply with the Historic Preservation requirements set forth in the National Historic Preservation Act of 1966, as amended (16 U.S.C. 470) and the procedures set forth in 36 CFR Part 800, Advisory Council on Historic Preservation Procedures for Protection of Historic Properties, insofar as they apply to the performance of this agreement.

In general, this requires concurrence from the State Historic Preservation Officer for all rehabilitation and demolition of historic properties that are fifty years old or older or that are included on a Federal, state, or local historic property list.

XII. SEVERABILITY

If any provision of this Agreement is held invalid, the remainder of the Agreement shall not be affected thereby and all other parts of this Agreement shall nevertheless be in full force and effect.

XIII. SECTION HEADINGS AND SUBHEADINGS

The section headings and subheadings contained in this Agreement are included for convenience only and shall not limit or otherwise affect the terms of this Agreement.

XIV. WAIVER

The COUNTY's failure to act with respect to a breach by the Subrecipient does not waive its right to act with respect to subsequent or similar breaches. The failure of the COUNTY to exercise or enforce any right or provision shall not constitute a waiver of such right or provision.

XV. ENTIRE AGREEMENT

This agreement constitutes the entire agreement between the COUNTY and the Subrecipient for the use of funds received under this Agreement and it supersedes all prior or contemporaneous communications and proposals, whether electronic, oral, or written between the COUNTY and the Subrecipient with respect to this Agreement.

For the above sections, if the Subrecipient is a governmental or quasi-governmental agency, the applicable sections of 24 CFR Part 85, "Uniform Administrative Requirements for Grants and

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Cooperative Agreements to State and Local Governments," and OMB Circular A-87 would apply.]

IN WITNESS WHEREOF, the Parties have executed this contract as of the date first written above.

THE COUNTY OF ROCKLAND

BY: _____

Date: _____

**C. SCOTT VANDERHOEF
COUNTY EXECUTIVE**

PAL Auto Sales Inc.

BY: _____

Date: _____

Joan Palladino

BY: _____

Date: _____

George Palladino

BY: _____

Date: _____

James Palladino

(seal)

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52020

COUNTY OF ROCKLAND
Department of Finance
18 New Hempstead Rd
NEW CITY, NY 10956

Vendor Number: 0000019550
Vendor Name: PAL AUTO SALES LLC
Check Number: 0002209312
Check Date: 12/14/2012

Voucher ID	Invoice Number	Invoice Date	Gross Amount	Discount Taken	Paid Amount
999702 you 999702	Economic Develpment Loan	12/12/2012	100,000.00	0.00	100,000.00
DETACH BEFORE DEPOSITING			TOTAL:	100,000.00	0.00 100,000.00

REMOVE DOCUMENT ALONG THIS PERFORATION

THIS DOCUMENT IS PRINTED IN TWO COLORES. DO NOT ACCEPT UNLESS BLUE AND BURGUNDY ARE PRESENT.

COUNTY OF ROCKLAND
Department of Finance
18 New Hempstead Rd
NEW CITY, NY 10956

JP MORGAN CHASE BANK, N.A.
6040 Tarbell Road
Syracuse, NY 13206

50-917-213

Check Number
0002209312

Date 12/14/2012

Pay Amount 100,000.00***

Pay ***ONE HUNDRED THOUSAND AND XX/100 DOLLAR***

To The
Order Of PAL AUTO SALES LLC
51 Route 9W
West Haverstraw, NY 10993

Authorized Signature

⑈0002209312⑈ ⑆021309379⑆ 615776078⑈

COUNTY OF ROCKLAND
Department of Finance
18 New Hempstead Rd
NEW CITY, NY 10956

PAL AUTO SALES LLC
51 Route 9W
West Haverstraw, NY 10993

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SEE REVERSE SIDE FOR
OPENING INSTRUCTIONS

OPENING INSTRUCTIONS

TELEPHONE
845) 638-5418

STANDARD FORM NO. 100
EXHIBIT 7
COUNTY OF ROCKLAND
COUNTY OFFICE BUILDING, NEW CITY, N. Y. 10956

VOUCHER No. 965386
NEW 19550

Claimant: Pal Auto Sales LLC

Taxpayer Identification No. 22-5173139 **Date:** 2/24/12
(Federal Tax Id or SSN) **PAYMENT WILL NOT BE MADE WITHOUT A TAXPAYER ID NUMBER**

51 Rte 9W
West Haverstraw NY 10993

FOR INTERNAL USE ONLY													
Acct Period: <u> </u> / <u> </u> / <u> </u> (Optional)				Document Total: <u> </u>									
Single Check? <u> </u> (Optional)				Scheduled Pay Date <u> </u> / <u> </u> / <u> </u> (Optional)									
Vendor's Reference Data				Invoice No.				Date					
Note: ACCOUNTING INFORMATION NOT NECESSARY IF REFERENCING AN ENCUMBRANCE													
DESCRIPTION	Quantity	Unit	Unit Price	Amount	Ref Trans Code/ Ref Trans Number	Ref Line	Comm Line	Fnd	Agency	Org	Object	Project No. (Capital Projects)	Amount
				3,476.00				F	CD	0005E4090	CD1172		3,476.00
APPROVED & ENTER MAR 7 - 2012 DEPT OF FINANCE													

CLAIMANTS CERTIFICATION
I, Jordan Palladino CERTIFY
THAT THE ABOVE ACCOUNT
IN THE AMOUNT OF \$ 3,476.00 IS
TRUE AND CORRECT, THAT THE SERVICES, MATERIALS, SUPPLIES, OR
EQUIPMENT WERE ACTUALLY RENDERED OR DELIVERED AND/OR THE
DISBURSEMENTS ACTUALLY AND NECESSARILY MADE, AND THAT THE
AMOUNT CLAIMED REMAINS DUE: OWING AND UNPAID, AND NO PART
THEREOF HAS BEEN PAID OR SATISFIED.

SIGNATURE Jordan Palladino DATE

TITLE

TOTAL \$ 3,476.00

INSTRUCTIONS TO CLAIMANT

1. Details of claim must be specified in description space and/or you may refer to, and attach, your invoice.
2. Supporting documents for requested reimbursement of expenses must be attached.
3. Claimant or claimant must be signed in ink.
4. The original and duplicate copies shall be forwarded to the Department of Finance at the above address.

**I HEREBY CERTIFY THAT THE MERCHANDISE
ENUMERATED IN THE ABOVE ACCOUNT(S) HAS BEEN
RECEIVED AND/OR THE SERVICES SPECIFIED PERFORMED
AND/OR THE EXPENSES CLAIMED HAVE BEEN INCURRED,
AND I APPROVE THIS CLAIM FOR PAYMENT.**

Department Receiving Clerk Jordan Palladino Date 2/28/12
Authorized Department Official Date
Approved
Department of Finance Date

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ROCKLAND COUNTY OFFICE OF COMMUNITY DEVELOPMENT

COMMUNITY DEVELOPMENT BLOCK GRANT VOUCHER

DATE

2/29/12

PROJECT

Economic Development Initiative

SUBRECIPIENT

Rockland County

VENDOR

PAL Auto Sales LLC

PROJECT YEAR

2011

VOUCHER NUMBER

965386

THE

5th

VOUCHER FOR THIS ITEM WORK ON THE ABOVE CONTRACT IS COVERED BY THE
COMMUNITY DEVELOPMENT BLOCK GRANT PROGRAM.

TOTAL ALLOCATED

\$ 40,000.00

TOTAL PREVIOUSLY REQUESTED

\$ 12,178.78

BALANCE TO DATE

\$ 27,821.22

AMOUNT OF ENCLOSED VOUCHER

\$ 3,476.00

BALANCE REMAINING

\$ 24,345.22

AS THE ABOVE TABULATION SHOWS A BALANCE TO DATE IN THE CDBG ALLOCATION,
PLEASE UTILIZE OUR LETTER OF CREDIT TO PAY THE ATTACHED

VOUCHER ENTRY

PROJECTS INFORMATION

PROJECT BUSINESS UNIT CCRC

PROJECT

CD2011

ACTIVITY

GEN

SOURCE TYPE

CD

CATEGORY

OTH

SUBCATEGORY

IDIS USE ONLY

VOUCHER =

HUD ACCT =

1472

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Project Name: *Pal Auto Sales*

Date: *2-24-12*

Amount of Grant Reimbursement requested:

Item #	Requested Documentation	In File	Missing	To County
1.	Completed County Application	<i>X</i>		
2.	PFS for each borrower	<i>X</i>		
3.	Resume for each borrower	<i>X</i>		
4.	Brief History of business	<i>X</i>		
5.	Detailed description of Project	<i>X</i>		
6.	Current Interim Financial statement	<i>X</i>		
7.	Copy of Provider Agreement (signed)	<i>X</i>		
8.	Proof of Payment	<i>X</i>		
9.	Client acknowledgment form (signed)	<i>X</i>		
10.	Voucher	<i>X</i>		

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ROCKLAND COUNTY OFFICE OF COMMUNITY DEVELOPMENT ECONOMIC DEVELOPMENT GRANT

Criteria

A low-and moderate income (LMI) jobs activity is one which creates or retains permanent jobs, at least 51% of which, on a full-time equivalent (FTE) basis, are either *held by* LMI person or considered to be *available to* LMI persons.

Jobs that are not held (filled) by LMI persons may be claimed to be "available to" LMI persons *only when both* of the following are met:

1. Neither special skills that can be only be acquired with substantial (i.e., one year or more) training or work experience nor education beyond high school is a prerequisite to fill such jobs (or business agrees to hire unqualified persons and train them); and
2. The assisted business takes actions to ensure that LMI persons receive "first consideration" for filling such jobs.
First Consideration Guidelines
 1. *Hiring practice results in over 51% of LMI persons interviewed for applicable job being hired,*
 2. *Consider a sufficient number of LMI job applicants to give reasonable opportunity to fill the position with such a person, and*
 3. *The distance from residence and availability of transportation to the job site must be reasonable before a particular LMI person may be considered a serious applicant for the job.*

Special Rules for Retained Jobs

In order to consider jobs retained as a result of CDBG assistance, there must be clear and objective evidence that permanent jobs will be lost without CDBG assistance. For these purposes, "clear and objective" evidence that jobs will be lost would include:

1. Evidence that the business has issued a notice to affected employees or made a public announcement to that affect, or
2. Analysis of relevant financial records which clearly and convincingly shows that the business is likely to have to cut back employment in the near future without the planned intervention.

To meet the LMI jobs standard, 51% or more of the retained jobs must be either:

1. Known to be held by LMI persons at the time of CDBG assistance is provided, and/or
2. For jobs not known to be held by LMI persons, reasonably expected to "turn over" to LMI persons.

Policies

1. Part-time jobs must be converted to full-time equivalents (FTE) (e.g., a job that will require only working half-time would count as only one-half a job);
2. Only permanent jobs count; temporary jobs will not be considered;
3. Seasonal jobs are considered to be permanent for this purpose only the season is long enough for the job to be considered as the employee's principal occupation;
4. All permanent jobs created or retained by the activity must be counted even if the activity has multiple sources of funds; and
5. Jobs indirectly created or retained by an assisted activity (i.e., "spin off" jobs) may not be counted.

Presumed LMI Status

For purposes of determining whether a job is held by or made available to a low-income or moderate-income person, the person

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may be presumed to be low-or moderate-income person if:

1. He/she resides with a census tract that has at least 70% of its residents who are low-and moderate-income persons; or
2. He/she resides within a census track that has a poverty rate of at least 20%;
3. The business being assisted is located in a block group that has a poverty rate of at least 20%.

Records To Be Maintained

- Written agreement with business whereby the business agrees to keep or create a specific number of jobs and identifies each such job by type and whether the job will be full-or part-time. The agreement must also specify the actions the business will take to ensure that at least 51% of the jobs created or retained will benefit LMI persons. Records must document which jobs were actually created and retained, whether each such job was held by, taken by or made available to LMI persons, and the full-time equivalency status of each job (24 CFR 570.506).

For Job Creation:

Held by

- A listing by job title and job type of the specific jobs to be created,
- A list by job title of the jobs filled,
- The name and income status of the person who filled each position, and
- The full-time equivalency status of the jobs

Available to – where job was not taken by a LMI person, records must show:

- The title and description of the jobs made available, and the full-time equivalency status of the job at that time,
- The job qualifications; special skills or educations required for the job, if any, and the business commitment to provide needed training for such jobs,
- How first consideration was given to LMI for the job

Job Retention – Where LMI benefit is based on job retention, the records must include the following documentation.

Otherwise lost:

- The specific evidence that the business relied on in concluding that jobs would be lost without CDBG assistance. An example of acceptable evidence may include statement from bookkeeper or CPA representing review of business financials reveals insufficient revenue to sustain current staffing and without CDBG assistance layoffs are imminent.

Held by:

- A listing by job title and job type of permanent jobs retained, those jobs known to be held by LMI persons at the time of CDBG assistance was provided, and the full-time equivalency status of each such jobs; and
- Information on the family size and annual income of each LMI person.

Turnover jobs:

- Identification of any of the retained jobs (other than those known to be held by LMI persons) projected to become available to LMI persons through turnover within time of CDBG assistance,
- The basis upon which the jobs was determined to be likely to turn over with the time of CDBG assistance (historical turnover rate),
 - The date the job actually turned over.
 - The name and income status of the persons who filled the vacancy,
- If the person who took the job was not LMI but the claim is that the job was made available to LMI persons, see documentation under “available to”.
- Information on the family size and annual income of each such LMI person hired.

EXHIBIT 7

I. GENERAL INFORMATION

Name of Business: Pal Auto Sales LLC
Type of Business: Auto Sales
Federal Tax I.D.: 27-5173139 27-5173139
Address: 51 Rte 9W West Haverstraw NY 10993
Telephone: 845 271-3500 Fax: _____
Date Business Established: 8/2011 How Long Owned: 6 mos

II. OWNERSHIP & MANAGEMENT STRUCTURE

Business Organizational Structure:

Sole Proprietorship _____ Corporation _____ Partnership _____
LLC X Limited Partnership _____

List all proprietors, partners, and/or stockholders with at least 20% ownership in the business:

Name and Title: Joan Palladino
Address: 85 Old Tappan Rd Old Tappan NJ 07675
Percent Ownership 51% Phone Number 201-768-8919

Name and Title: George Palladino
Address: 10 Ten Pl Unley Cottage NY 10989
Percent Ownership 24.5% Phone Number 845-268-3508

Joan's
Palladino
24.5%
300 Prospect Ave
Haverstraw
NJ

III. BANKING RELATIONSHIP DATA

Name of Bank: Keybank
Address: Rte 9W W. Haverstraw NY
Account Type(s): Checking
Contact Info: Manager

201-741-
8837

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III. PROJECT BUDGET

Scope of Project:

Estimated Project Cost

() Real Property Acquisition	\$ _____
() Building Renovation	\$ _____
() Infrastructure Improvements	\$ _____
() Leasehold Improvements	\$ _____
() Purchase of Machinery/Equipment	\$ _____
() Working Capital	\$ <u>95,000</u>
() Inventory	\$ <u>325,000</u>
() Other - Please Specify <u>MCFE</u>	\$ <u>880,000</u>

TOTAL PROJECT COST

\$ 1,304,000

Have any cost estimates for this project been obtained? Yes X No _____

If so, for what, and when were they obtained? Note Due

IV. SOURCE(S) OF PROJECT FUNDS

Owner Equity: \$ _____	% of Total Project _____
Bank Loan: \$ <u>1,304,000</u>	% of Total Project <u>100 %</u>
Private Financing \$ _____	% of Total Project _____
Other _____ \$ _____	% of Total Project _____

TOTAL PROJECT:

\$ 1,304,000.00

Owner has built in equity in Real Estate

EXHIBIT 7

VI. DOCUMENTATION REQUIREMENTS:

In order to move forward with your loan application, we will need the following information:

- 1) Brief History and Description of the business, including market and projected business future.
(Please be prepared to provide details on any co-owned or affiliate businesses.)
 - 2) Detailed Description of Project and anticipated benefit from loan.
 - 3) Personal Financial Statements from each owner of 20% or more of the company.
 - 4) Management Resume(s) of all owners and key staff.
 - 5) Current Business Financial Statement (less than ninety (90) days old.)
 - 6) Copy of Agreement with Provider
 - 7) Copy of Canceled Check
 - 8) Completed Application
 - 9) Client Acknowledgement Form
-

EXHIBIT 7



ROCKLAND COUNTY OFFICE OF COMMUNITY DEVELOPMENT ECONOMIC DEVELOPMENT GRANT

I the undersigned client has hired SBFG LLC, under their CLP program to prepare a commercial loan package, including a borrowing plan for my project. I the undersigned client agree to the following basic terms and conditions of the Rockland County Economic Development Grant program.

1. Client understands that the Rockland County Economic Development Grant is a Reimbursement program and cannot be used for loan placement, loan intermediary, or placement fees to SBFG, LLC.
2. Client understands that entering into a contract for the CLP program does not guarantee that the client will receive financing for said project, and client agrees to hold harmless SBFG, LLC. Its Employees and/or agents along with the County of Rockland its employees, and/or agents should client not receive commercial financing at this time.
3. Client may be eligible to be reimbursed for a percentage of the CLP fees paid to SBFG, LLC.
4. Client must submit completed application to the county of Rockland with all requested documentation and must meet all terms and conditions in order to be eligible for Rockland County Economic Grant reimbursement program.
5. Client acknowledges that they have received a copy of the Rockland County Office of Community Development Economic Development Grant guidelines and understand the guidelines.

CLP Fee		\$ 4,345.00
Grant Request		3,476.06

Client: Pnl Auto Sales LLC

Signature: [Signature]

Date: 2.24.12

PRIVILEGED AND CONFIDENTIAL

One Kelly Court, Suite 201, Tamkings Cove, NY 10986 845-269-3930 fax 914-663-5390

ATTORNEY CLIENT WORK PRODUCT

EXHIBIT 7



Client: Joan Palladino & Susan Goodman- Agency Management LLC – Pal Auto Sales LLC & George Palladino, Chuck Palladino and John Palladino as Guarantor

Date: 02-22-12 offer expires seven days from date listed.

		Time estimated	Fee	Actual Charge
1.	Business Summary <ul style="list-style-type: none"> Business summary (see page two describing work to be performed): 	25-40 hours	\$4,000.00	\$2,500.00
2.	Full Assumptions and three years projections	10-15 hours	\$1,875.00	\$1,250.00
3.				
4.	Total for project			\$3,750.00
5.				
6.	Previously paid on account credit		\$595.00	
	Total			\$4,345.00
7.	Rockland County Grant Reimbursement Program			\$3,456.00
8.				
	Total due today			\$3,750.00

*This is a reimbursement program, customer must pay CLP fee (line # 4) required, and if customer qualifies customer will be reimbursed by county of Rockland. The above does not included a success / loan placement fee to SBFG.

Please see attached highlighted sheet and rules and regulations regarding the Rockland County Economic Development Grant. Fees above do not cover lender fees if any and or success to be paid to Provider.

Initial here

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ATTORNEY CLIENT WORK PRODUCT**

EXHIBIT 7



Date: 02-22-12

Page two:

This agreement confirms that SBFG, LLC (SBFG) will be the Commercial Loan Planner (CLP) for:

Company: **Joan Palladino & Susan Goodman- Agency Management LLC – Pal Auto Sales LLC & George Palladino, Chuck Palladino and John Palladino as Guarantor**

City & State: 51 Rte 9w West Haverstraw NY (property address)

Above client agrees to the following:

This contract is made part of the original contract dated 01-11-12, signed and modified on 1-23-12.

CLP will become your project manager for the above referenced project, and CLP will assist in:

- Meeting / Conference calls on a set schedule
- Preparation of:
 - Business Summary (mini 5-7 pages or less)
 - Projections Model
 - Projections
 - Key Financial Indicators
 - Complete Loan Package(s)
- Collect, Organize and Review all supporting documentation required for financing of project
- Prepare and Complete all lender required forms and submit those forms to viable lenders
- Meet with Potential lenders on your behalf.
- Application of Rockland County Office of Community Development Economic Development Grant. The application for this program will be completed by SBFG and the applicant. SBFG will not charge any additional fee for application of Grant.

Initial here

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ATTORNEY CLIENT WORK PRODUCT**

EXHIBIT 7



Date: 02-22-12

Page three:

- Economic Look: CLP will use its best efforts to review economic programs that may be available for your project and assist client in completing up to one economic application. Additional applications if any will be billed at the price of 125.00 per hour. CLP will earn a fee equal to 8% of the amount of total saving to client on said project.
- 1. **Required:** Client understand that the requested Business Borrowing Plan as well as projections and assumptions are required by lenders at this time, in order for said lenders to evaluate the loan requested for 1.3 million dollars for Agency Management LLC and Pal Auto Sales LLC.
- 2. **Assist:** The client understands that they will assist SBFG in putting together the business borrowing plan and assumption as well as the projections.
- 3. **CLP Fee:** SBFG will become the Commercial Loan Planner (CLP) and is to be paid a total of \$3,750.00 to work on completing a loan summary and projections.
- 4. **Payment:** Client agrees to submit with this signed agreement, a payment of \$3,750.00.
- 5. **Non Refundable:** Said payment to SBFG will be non refundable under any circumstance.
- 6. **Required Docs:** Client will provide all pertinent information that is requested for said project in a timely manner.
- 7. **Time required:** Typical CLP requests require between 50-60 hours of time for SBFG to prepare said package and the hourly fee charged is \$125.00 per hour. Your contract is a capped price program, and the fee is capped at \$3,750.000. Any additional work will be billed at the hourly rate of \$125.00.
- 8. **Completion:** SBFG will complete this project within 10-12 business days of signed contract and required deposit, as long as client keeps to a set schedule.
- 9. **Start time:** Commercial loan planner and client agree that the project will be worked on immediately once payment has been received and payment has cleared.
- 10. **Coordinate:** SBFG will coordinate the flow of paper work from client to HSBC for loan application only.
- 11. **Modification of agreement:** This agreement shall not and cannot be modified unless all parties agree to modify this retainer agreement in writing and signed by all parties.

Initial here

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ATTORNEY CLIENT WORK PRODUCT**

EXHIBIT 7



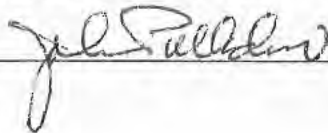
Date: 02-22-12

Page four

12. **Best Efforts:** SBFG will use its best efforts in preparation of business summary and projections for client. However it is understood and agreed that SBFG has not guaranteed and cannot guarantee that with the business summary and projections that financing will be secured for client. Therefore client will hold harmless, SBFG, its affiliates and employees should financing not be obtained for said project.

Acceptance: If all of the terms of this agreement are acceptable, and the client desires *SBFG, LLC*, to pursue processing this financing request, kindly sign below, initial each page of this document, and return with a voided check on or before the end of the seventh day listed on first page of this contract. This date will serve as the expiration date of this agreement if it is not executed. It is understood and agreed that *SBFG* will not commence work on the above request until the aforesaid CLP fee has cleared. By signing below, the client agrees to have the demand draft for the CLP fee to be paid immediately, as described in section 4 of this agreement.

Agreed & Consented to:



Initial here

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ATTORNEY CLIENT WORK PRODUCT**

EXHIBIT 7



Date: 02-22-12

Page five

Non Payment/ late payment

If any form of payment Client supplies to SBFG is uncollectible for any reason, SBFG will charge client a dishonored payment fee of \$75.00 for every dishonored payment or returned item from the client's bank.

A Late Fee of \$25.00 is assessed for each 30 day period a client is behind in resolving payment issues.

The Client agrees not to close the bank account that SBFG is authorized to withdraw payments from without providing a new payment source. Please note any interruption in your payment to SBFG will incur additional charges to client and work stoppage will occur.

Should client go past 60 days and payment has not been resolved, termination of said contract will occur and client will be place in collection or legal action, Client will be billed for the cost occurred in attempting to collect the original debt.

SBFG LLC
One Kelly Court
Ste 201
Tomkins Cove NY 10986
845-269-3930

info@sbfghusa.com

Initial here

**PRIVILEGED AND CONFIDENTIAL
ATTORNEY CLIENT WORK PRODUCT**

EXHIBIT 7

PAL AUTO SALES LLC
51 ROUTE 9W
WEST HAVERSTRAW, NY 10993

498

50-693/219
57453

PAY TO THE ORDER OF S.B.F.G. DATE 2/24/12

Three Thousand Seven Hundred Fifty and $\frac{00}{100}$ \$ 3,750.00

DOLLARS

 KeyBank National Association
Orangeburg, New York 10962
1-888-KEY4BIZ® Key.com®

FOR _____



⑈000498⑈ ⑆021906934⑆ 324531000457⑈

Security Features Details on Back.

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ATTORNEY CLIENT WORK PRODUCT

EXHIBIT 7

PAL AUTO SALES LLC 51 ROUTE 9W WEST HAVERSTRAW, NY 10993		431 50-593/219 57453
DATE <u>1/23/12</u>		
PAY TO THE ORDER OF <u>S.B.F.G.</u>	\$ <u>594.⁰⁰/₁₀₀</u>	
<u>Five hundred ninety-four and ⁰⁰/₁₀₀</u>		DOLLARS 
 KeyBank National Association Orangeburg, New York 10962 1-888-KEY4BIZ® Key.com®		
FOR _____		
⑈000431⑈ ⑆021906934⑆ 324531000457⑈		

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ATTORNEY CLIENT WORK PRODUCT

EXHIBIT 8

TELEPHONE
(845) 638-5413

Claimant:

Empire of
Empire Cadillac LLC

PO BOX 207
Monsey NY 10952

EXHIBIT 8

STANDARD VOUCHER

COUNTY OF ROCKLAND
COUNTY OFFICE BUILDING, NEW CITY, N. Y. 10956

#13650 VOUCHER No. 1000788

Taxpayer Identification No. 11-3479230 Date: 3/7/13
(Federal Tax Id or SSN) PAYMENT WILL NOT BE MADE WITHOUT A TAXPAYER ID NUMBER

FOR INTERNAL USE ONLY

Acct Period: ___/___/___
(Optional)

Single Check? ___
(Optional)

Vendor's Reference Data

Invoice No.

Document Total: ___

Scheduled Pay Date ___/___/___
(Optional)

Date

Note: ACCOUNTING INFORMATION NOT NECESSARY IF REFERENCING AN ENCUMBRANCE

Ref Trans Code/ Ref Trans Number	Ref Line	Comm Line	Fnd	Agency	Org	Object	Project No. (Capital Projects)	Amount
				F	CD	9995 E409D	ES2D12	6,272
						E4010		

APPROVED & ENTER

MAR 13 2013

DEPT. OF FINANCE

DESCRIPTION

Quantity Unit Unit Price Amount

Emergency Solutions
Eviction Prevention

8/1/12 - 3/31/13

8 mos 784 6272

CLAIMANTS CERTIFICATION

I, Mona Frank CERTIFY
THAT THE ABOVE ACCOUNT
IN THE AMOUNT OF \$ 6,272.00 IS

TRUE AND CORRECT, THAT THE SERVICES, MATERIALS, SUPPLIES, OR
EQUIPMENT WERE ACTUALLY RENDERED OR DELIVERED AND/OR THE
DISBURSEMENTS ACTUALLY AND NECESSARILY MADE, AND THAT THE
AMOUNT CLAIMED REMAINS DUE: OWING AND UNPAID, AND NO PART
THEREOF HAS BEEN PAID OR SATISFIED.

SIGNATURE

DATE

INSTRUCTIONS TO CLAIMANT

1. Details of claim must be specified in description space and/or you may refer to, and attach, your invoice.
2. Supporting documents for requested reimbursement of expenses must be attached.
3. Certification and bill must be signed in ink.

TOTAL 6,272.00

I HEREBY CERTIFY THAT THE MERCHAND
ENUMERATED IN THE ABOVE ACCOUNT(S) HAS BE
RECEIVED AND/OR THE SERVICES SPECIFIED PERFORM
AND/OR THE EXPENSES CLAIMED HAVE BEEN INCURR
AND I APPROVE THIS CLAIM FOR PAYMENT.

Department Receiving Clerk

Authorized Department Official

Payment
Approved

Department of Finance

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ATTORNEY CLIENT WORK PRODUCT

EXHIBIT 8

EMPIRE OF CADILLAC, LLC
PO BOX 207
Monsey, NY 10952
Tel (845)356-8810
Fax (845)352-7376

March 6, 2013

Re: Celita Charles
270 North Main St, Apt 1C
Spring Valley, New York 10977

Section 8 Rent Unpaid since August 1, 2013

August 2012	\$784.00
September 2012	\$784.00
October 2012	\$784.00
November 2012	\$784.00
December 2012.....	\$784.00
January 2013.....	\$784.00
February 2013.....	\$784.00
March 2013 (with tenant).	\$784.00

Balance: \$6,272.00-Section 8 only-without Tenant's portion

EXHIBIT 8
ROCKLAND COUNTY OFFICE OF COMMUNITY DEVELOPMENT
EMERGENCY SHELTER GRANT PROGRAM VOUCHER

DATE 3/7/13
PROJECT ESG
VENDOR EMP OF CADILLAC, LLC
PROGRAM YEAR 2012
VOUCHER NUMBER 1000788, THE
VOUCHER FOR THIS ITEM. WORK ON THE ABOVE CONTRACT IS COVERED BY THE EMERGENCY
SHELTER GRANT PROGRAM.

TOTAL ALLOCATED \$
TOTAL PREVIOUSLY REQUESTED \$
BALANCE TO DATE \$
AMOUNT OF ENCLOSED VOUCHER \$
BALANCE REMAINING \$ 6,272.00

AS THE ABOVE TABULATION SHOWS A BALANCE TO DATE IN THE HOME ALLOCATION, PLEASE
UTILIZE OUR LETTER OF CREDIT TO PAY THE ATTACHED.

**Voucher Entry
Projects Information**

Project Business Unit: COR01
Project: ES2012
Activity: GEN
Source Type: CD
Category: OTH
Acct Code: 1523

FOR IDIS USE ONLY


VOUCHER # _____
HUD ACCT # 1523

PRIVILEGED AND CONFIDENTIAL
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EXHIBIT 9

EXHIBIT 9

THIS DOCUMENT IS PRINTED IN TWO COLORS. DO NOT ACCEPT UNLESS BLUE AND BURGUNDY ARE PRESENT

COUNTY OF ROCKLAND Department of Finance 18 New Hempstead Rd NEW CITY, NY 10956	JP MORGAN CHASE BANK, N.A. 6040 Tarbell Road Syracuse, NY 13206	50-937 213	Check Number 0002183350
Pay ****FOUR HUNDRED THOUSAND AND XX / 100 DOLLAR****	Date 12/22/2011	Pay Amount 400,000.00***	
To The Order Of ROCKLAND HOME FOR THE AGED 200 Lafayette Avenue Suffern, NY 10901	 Authorized Signature		

⑈0002183350⑈ ⑆021309379⑆ 615776078⑈

PRIVILEGED AND CONFIDENTIAL
ATTORNEY CLIENT WORK PRODUCT

VOUCHER
No. 911040

NRW # 18880

Taxpayer Identification No. 271086109 **Date:** / /
(Federal Tax Id or SSN) **PAYMENT WILL NOT BE MADE WITHOUT A TAXPAYER ID NUMBER**

200 Lafayette Ave. N. COR.

SLETFERN No. 4. 10901

Acct Period: ____/____
(Optional)

Document Total: _____

Single Check? _____
(Optional)

Scheduled Pay Date / /
(Optional)

Vendor's Reference Data

Invoice No.

Date _____

Note: ACCOUNTING INFORMATION NOT NECESSARY IF REFERENCING AN ENCUMBRANCE

DESCRIPTION	Quantity	Unit	Unit Price	Amount	Ref Trans Code/ Ref Trans Number	Ref Line	Comm Line	Fnd	Agency	Org	Object	Project No. (Capital Projects)	Am
PRE DEVELOPMENT COSTS								F	CD	9995	4090	HM2011	400,
ESTER GITLOW III				400,000									

Please enter and process this week if possible

RECEIVED
DEC 12 2011
DEPT OF FINANCE

Please enter
and process
this week if
possible

Thank you!
Jessica

CLAIMANTS CERTIFICATION

I, Robert J. Kell CERTIFY

THAT THE ABOVE ACCOUNT
IN THE AMOUNT OF

400,000,00

TRUE AND CORRECT, THAT THE SERVICES, MATERIALS, SUPPLIES, OR EQUIPMENT WERE ACTUALLY RENDERED OR DELIVERED AND/OR THE DISBURSEMENTS ACTUALLY AND NECESSARILY MADE, AND THAT THE AMOUNT CLAIMED REMAINS DUE: OWING AND UNPAID, AND NO PART THEREOF HAS BEEN PAID OR SATISFIED.

SIGNATURE _____

DATE _____

TIME

TOTAL 400,000.00

INSTRUCTIONS TO CLAIMANT

1. Details of claim must be specified in description space and/or you may refer to, and attach, your invoice.
2. Supporting documents for requested reimbursement of expenses must be attached.
3. Certification at left must be signed in ink

4. The original and duplicate copies shall be forwarded to the Department of Finance at the above address.

Department Receiving Clerk

Authorized Department Official

Payment
Approved

Department of Finance

$$12 \overline{) 12}$$


Date _____

DATE 11/11/2014 14. The original and duplicate copies shall be forwarded to the Department of
Finance at the above address.
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ATTORNEY CLIENT WORK PRODUCT
ORIGINAL - DEPARTMENT OF FINANCE

EXHIBIT 9

Voucher Entry

Page 1 of 2

[New Window](#) | [Help](#) | [Customize Page](#) | 

[Summary](#) | [Invoice Information](#) | [Payments](#) | [Voucher Attributes](#) | [Error Summary](#)

Business Unit: COR01

Invoice Number: EsterGitlwl PreDevel

Voucher ID: 911040B

Invoice Date: 02/01/2012

Voucher Style: Regular

Total: 400,000.00

Vendor: Esther Gitlow Towers III
196 Lafayette Avenue
Suffern, NY 10901

*Pay Terms: [Schedule Payments](#)

Payment Information

Find | View All First 1 of 1

Scheduled Payment: 1

*Remit to: 

Gross Amount: USD


Location: 

Discount: USD ☐ Discount D

*Address: 

[Late Charge](#)

Esther Gitlow Towers III
196 Lafayette Avenue
Suffern, NY 10901

Scheduled Due: 

Net Due:

Discount Due:

Accounting Date:

Payment Method

*Bank: 

Pay Group: 

*Account: 

*Handling: 

*Method:  Check

*Netting: 

Message: 

Message will appear on remittance advice.


Schedule Payment

*Action:  Payment Date:

Pay:  Reference:

Payment Options

Hold Payment ☐ Separate Payment ☒

Hold Reason: 

Letter of Credit: 

[Payment Inquiry](#) | [Holiday/Currency Options](#) | [Express Payment](#) | [Vendor Bank Account](#)

Payment Note

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Note: is for internal use only and will not appear on remittance advice

ATTORNEY CLIENT WORK PRODUCT

EXHIBIT 9



Section 8

Har-Lou Management

196 Lafayette Avenue
Suffern, NY 10901
(845) 357-9507 office ~ (845) 369-7426 fax
TTY/TDD (800) 662-1220

January 24, 2012

Ms. Jessica Hampson
Rockland County Community Development
50 Sanatorium Road
Building K
Pamona, NY 10970

RE: Esther Gitlow Towers III reissue of check

Dear Jessica,

As per our conversation, enclosed is the check from the Rockland County Community Development Grant issued to Rockland Home for the Aged for our new construction of Esther Gitlow Towers III. As we discussed, we need this check to be re-issued to the order of:

Esther Gitlow Towers III

Please include in the remarks for pre-development

The check should be mailed to the following address:
196 Lafayette Avenue
Suffern, NY 10901

If you can please confirm that you received this check I would appreciate it. Please contact me should you have any questions and I'll be happy to help.

Thank you for your assistance to help with getting this check corrected.

Kind regards,

Harvey Tekel
Harvey Tekel

President Har-Lou Management, on behalf of Esther Gitlow Towers III
Mobile - 973-432-6511

*1/30/12 verified w/
Jessica correct
TIN for Rockland
Home for Aged*

23-716-7091

Re-Issue

27-1086109?


*1/30/12 - verified w/ Jessica
correct TIN for Esther Gitlow Towers III*

1/30 spoke w/ Jessica re: TIN

**PRIVILEGED AND CONFIDENTIAL
ATTORNEY CLIENT WORK PRODUCT**

EXHIBIT 9

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COUNTY OF ROCKLAND Department of Finance 18 New Hempstead Rd NEW CITY, NY 10956	JP MORGAN CHASE BANK, N.A. 6040 Tarbell Road Syracuse, NY 13206	50-937 213	Check Number 0002183350
Pay ****FOUR HUNDRED THOUSAND AND XX / 100 DOLLAR****	Date 12/22/2011	Pay Amount 400,000.00***	
To The Order Of ROCKLAND HOME FOR THE AGED 200 Lafayette Avenue Suffern, NY 10901	 Authorized Signature		

⑈0002183350⑈ ⑆021309379⑆ 615776078⑈

PRIVILEGED AND CONFIDENTIAL
ATTORNEY CLIENT WORK PRODUCT

VOUCHER
No. 911040

NRW # 18880

Taxpayer Identification No. 271086109 **Date:** / /
(Federal Tax Id or SSN) **PAYMENT WILL NOT BE MADE WITHOUT A TAXPAYER ID NUMBER**

200 Lafayette Ave RCR

SLUFFERN No. 4. 10901

Acct Period: ____/____
(Optional)

Document Total: _____

Single Check? _____
(Optional)

Scheduled Pay Date / /
(Optional)

Vendor's Reference Data

Invoice No.

Date _____

Note: ACCOUNTING INFORMATION NOT NECESSARY IF REFERENCING AN ENCUMBRANCE

Please enter
and process
this week if
possible

Thank you!
Jessica

I, John F. Kettel CERTIFY

\$ 400,000.00

SIGNATURE _____

DATE _____

TIME

TOTAL 400,000.00

1. Details of claim must be specified in description space and/or you may refer to, and attach, your invoice.
2. Supporting documents for requested reimbursement of expenses must be attached.
3. Certification at left must be signed in ink

4. The original and duplicate copies shall be forwarded to the Department of Finance at the above address.

Department Receiving Clerk

Authorized Department Official

Payment
Approved

Department of Finance

$$12 \mid 12 \mid$$

Date _____

DATE 4. The original and duplicate copies shall be forwarded to the Department of
Finance at the above address.

PRIVILEGED AND CONFIDENTIAL

ATTORNEY CLIENT WORK PRODUCT

ORIGINAL - DEPARTMENT OF FINANCE

[Print](#)

Check/Serial#: 2186182

Account#: 615776078

Amount: 400,000.00


THIS DOCUMENT IS PRINTED IN TWO COLORS. DO NOT ACCEPT UNLESS BLUE AND BURGUNDY ARE PRESENT.

COUNTY OF ROCKLAND Department of Finance 18 New Hempstead Rd NEW CITY, NY 10956	J.P. MORGAN CHASE BANK, N.A. 6040 Tarrytown Road Syracuse, NY 13206	30-9377213	Check Number 0002186182
---	--	------------	-----------------------------------

Date: 02/02/2012 Pay Amount: 400,000.00***

Pay ****FOUR HUNDRED THOUSAND AND XX / 100 DOLLAR****

To The Order Of: **ESTHER GITLOW TOWERS III**
196 Lafayette Avenue
Suffern, NY 10901

Authorized Signature: 

⑆0002186182⑆ ⑆021309379⑆ ⑆615776078⑆

362889337-82-89-2812-221978443


For Deposit Only
76100161679

PRIVILEGED AND CONFIDENTIAL
ATTORNEY CLIENT WORK PRODUCT

EXHIBIT 9

Voucher Entry

Page 1 of 1

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[Summary](#) | [Invoice Information](#) | [Payments](#) | [Voucher Attributes](#) | [Error Summary](#)

Business Unit: COR01
Voucher ID: 911040B
Voucher Style: Regular

Invoice Number: EsterGitlwl PreDevel
Invoice Date: 02/01/2012

Vendor: 0000018880
Name: ESTHERGITL-002
Location: MAIN
*Address: 1

Misc. Amount:
Freight Amount:

Non Merchandise Summary
Withholding

Esther Gitlow Towers III
196 Lafayette Avenue
Suffern, NY 10901

Total: 400,000.00
Balance: 0.00

APPROVED & ENTER
FEB -1 2012
DEPT OF FINANCE

[Comments](#)

[Advanced Vendor Search](#)

*Pay Terms: IMMED

Basis Dt Type: Accounting Date

Action:

Accounting Date: 02/01/2012

Control Group:

*Currency: USD

Copy from a Source Document

PO Unit: Purchase Order: Copy PO Worksheet Copy Option: None

Invoice Lines

Line	*Distribute by	Item	Description	Quantity	UOM	Unit Price	Extended Amount
1	Amount						400,000.00

Ship To: FIN
SpeedChart: ☐ Use One Asset ID

Distribution Lines Customize | Find | View All | First 1 of 1 Last

GL ChartFields 1 Exchange Rate Statistics Assets

Amount	Quantity	*GL Unit	Fund	Agency	Department	*Account	Sub-Project	Phase	Bank Code	Fund Affiliate
1 400,000.00		COR01	F	CD	9995	E4090	Projects			

 Save  Notify  Refresh


[Summary](#) | [Invoice Information](#) | [Payments](#) | [Voucher Attributes](#) | [Error Summary](#)

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ATTORNEY CLIENT WORK PRODUCT

EXHIBIT 9

Voucher Entry

Page 1 of 2

[New Window](#) | [Help](#) | [Customize Page](#) | 

[Summary](#) | [Invoice Information](#) | [Payments](#) | [Voucher Attributes](#) | [Error Summary](#)

Business Unit: COR01

Invoice Number: EsterGitlwl PreDevel

Voucher ID: 911040B

Invoice Date: 02/01/2012

Voucher Style: Regular

Total: 400,000.00

Vendor: Esther Gitlow Towers III
196 Lafayette Avenue
Suffern, NY 10901

*Pay Terms: [Schedule Payments](#)

Payment Information

Find | View All First 1 of 1

Scheduled Payment: 1

*Remit to: 

Gross Amount: USD


Location: 

Discount: USD ☐ Discount D

*Address: 

[Late Charge](#)

Esther Gitlow Towers III
196 Lafayette Avenue
Suffern, NY 10901

Scheduled Due: 

Net Due:

Discount Due:

Accounting Date:

Payment Method

*Bank: 

Pay Group: 

*Account: 

*Handling: 

*Method:  Check

*Netting: 

Message: 

Message will appear on remittance advice.


Schedule Payment

*Action:  Payment Date:

Pay:  Reference:

Payment Options

Hold Payment ☐ Separate Payment ☒

Hold Reason: 

Letter of Credit: 

[Payment Inquiry](#) | [Holiday/Currency Options](#) | [Express Payment](#) | [Vendor Bank Account](#)

Payment Note

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Note: is for internal use only and will not appear on remittance advice

ATTORNEY CLIENT WORK PRODUCT

EXHIBIT 9



Section 8

Har-Lou Management

196 Lafayette Avenue
Suffern, NY 10901
(845) 357-9507 office ~ (845) 369-7426 fax
TTY/TDD (800) 662-1220

January 24, 2012

Ms. Jessica Hampson
Rockland County Community Development
50 Sanatorium Road
Building K
Pamona, NY 10970

RE: Esther Gitlow Towers III reissue of check

Dear Jessica,

As per our conversation, enclosed is the check from the Rockland County Community Development Grant issued to Rockland Home for the Aged for our new construction of Esther Gitlow Towers III. As we discussed, we need this check to be re-issued to the order of:

Esther Gitlow Towers III

Please include in the remarks for pre-development

The check should be mailed to the following address:
196 Lafayette Avenue
Suffern, NY 10901

If you can please confirm that you received this check I would appreciate it. Please contact me should you have any questions and I'll be happy to help.

Thank you for your assistance to help with getting this check corrected.

Kind regards,

Harvey Tekel
Harvey Tekel

President Har-Lou Management, on behalf of Esther Gitlow Towers III
Mobile - 973-432-6511

*1/30/12 verified w/
Jessica correct
TIN for Rockland
Home for Aged*

23-716-7091

Re-Issue

27-1086109?

*1/30/12 - verified w/ Jessica
correct TIN for Esther Gitlow Towers III*

1/30 spoke w/ Jessica re: TIN

**PRIVILEGED AND CONFIDENTIAL
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EXHIBIT 10

EXHIBIT 10

OMB No 1545-0047

2012

Open to Public
Inspection

Form 990

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

Department of the Treasury
Internal Revenue Service

The organization may have to use a copy of this return to satisfy state reporting requirements.

A For the 2012 calendar year, or tax year beginning 07/01, 2012, and ending 06/30, 2013

B Check if applicable:

- ☐ Address change
☐ Name change
☐ Initial return
☐ Terminated
☐ Amended return
☐ Application pending
☒

C Name of organization ESTHER GITLOW TOWERS III HOUSING DEVELOPMENT FUND CORP.

Doing Business As

Number and street (or P.O. box if mail is not delivered to street address)

Room/suite

200 LAFAYETTE AVENUE

City, town or post office, state, and ZIP code

SUFFERN, NY 10901

F Name and address of principal officer:

D Employer identification number

27-1086109

E Telephone number

(845) 357-9507

G Gross receipts \$

H(a) Is this a group return for affiliates? Yes ☐ No ☒H(b) Are all affiliates included? Yes ☐ No ☐

If "No," attach a list (see instructions)

I Tax-exempt status: X 501(c)(3) 501(c) () (Insert no.) 4947(a)(1) or 527

J Website: N/A

H(c) Group exemption number

K Form of organization: X Corporation ☐ Trust ☐ Association ☐ Other

L Year of formation: 2009 M State of legal domicile: NY

Part I Summary

1 Briefly describe the organization's mission or most significant activities:

TO DEVELOP A HOUSING PROJECT FOR PERSONS OF LOW INCOME AND LOW INCOME PERSONS WHO ARE ELDERLY OR HANDICAPPED.

2 Check this box ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets.

3 Number of voting members of the governing body (Part VI, line 1a)

3 9.

4 Number of independent voting members of the governing body (Part VI, line 1b)

4 9.

5 Total number of individuals employed in calendar year 2012 (Part V, line 2a)

5 0

6 Total number of volunteers (estimate if necessary)

6 0

7a Total unrelated business revenue from Part VIII, column (C), line 12

7a 0

b Net unrelated business taxable income from Form 990-T, line 34

7b 0

8 Contributions and grants (Part VIII, line 1h)

0 0

9 Program service revenue (Part VIII, line 2g)

0 0

10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)

0 0

11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)

0 0

12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)

0 0

13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)

0 0

14 Benefits paid to or for members (Part IX, column (A), line 4)

0 0

15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)

0 0

16a Professional fundraising fees (Part IX, column (A), line 11e)

0 0

b Total fundraising expenses (Part IX, column (D), line 25)

0 0

17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)

0 0

18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)

0 0

19 Revenue less expenses Subtract line 18 from line 12

0 0

20 Total assets (Part X, line 16)

0 0

21 Total liabilities (Part X, line 26)

0 0

22 Net assets or fund balances Subtract line 21 from line 20

0 0

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here

Margie Jacobs

Signature of officer

Margie Jacobs President

Type of print name and title

1-27-14

Paid Preparer Use Only

Print/Type preparer's name

Preparer's signature

ARTHUR YORKES

Firm's name ARTHUR YORKES & COMPANY LLP

Firm's address 520 EIGHTH AVENUE-18TH FL NE

May the IRS discuss this return with the preparer shown above? (see instructions)

For Paperwork Reduction Act Notice, see the separate instructions.

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SCANNED NOV 05 2014

EXHIBIT 10

ESTHER GITLOW TOWERS III HOUSING DEVELOPMENT

27-1086109

Form 990 (2012)

Page 2

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response to any question in this Part III ☐

- 1 Briefly describe the organization's mission:
TO DEVELOP A HOUSING PROJECT FOR PERSONS OF LOW INCOME AND LOW INCOME
PERSONS WHO ARE ELDERLY OR HANDICAPPED.
- 2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? ☐ Yes ☐ No
If "Yes," describe these new services on Schedule O.
- 3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? ☐ Yes ☐ No
If "Yes," describe these changes on Schedule O.
- 4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ including grants of \$) (Revenue \$)
WE DID NOT HAVE ANY PROGRAM SERVICE ACTIVITIES THIS TAX YEAR.

4b (Code:) (Expenses \$ including grants of \$) (Revenue \$)

4c (Code:) (Expenses \$ including grants of \$) (Revenue \$)

4d Other program services (Describe in Schedule O.)
(Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses ►

EXHIBIT 10

ESTHER GITLOW TOWERS III HOUSING DEVELOPMENT

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Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	X	
2 Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?		X
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I		X
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II		X
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III		X
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I		X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III		X
9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV		X
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V		X
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI		X
b Did the organization report an amount for investments-other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII		X
c Did the organization report an amount for investments-program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII		X
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX		X
e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X		X
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X		X
12 a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII		X
b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional		X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		X
14 a Did the organization maintain an office, employees, or agents outside of the United States?		X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV		X
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV		X
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Parts III and IV		X
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)		X
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II		X
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III		X
20 a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H		X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		

Form 990 (2012)

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EXHIBIT 10

ESTHER GITLOW TOWERS III HOUSING DEVELOPMENT

27-1086109

Form 990 (2012)

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Part IV Checklist of Required Schedules (continued)

	Yes	No
21 Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II.	21	X
22 Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III.	22	X
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J.	23	X
24 a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25.	24a	X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c	
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d	
25 a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I.	25a	X
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I.	25b	X
26 Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II.	26	X
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III.	27	X
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV Instructions for applicable filing thresholds, conditions, and exceptions):		
a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV.	28a	X
b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV.	28b	X
c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV.	28c	X
29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M.	29	X
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M.	30	X
31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I.	31	X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II.	32	X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I.	33	X
34 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1.	34	X
35 a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	X
b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2.	35b	X
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2.	36	X
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI.	37	X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O.	38	X

Form 990 (2012)

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EXHIBIT 10

ESTHER GITLOW TOWERS III HOUSING DEVELOPMENT

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Form 990 (2012)

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Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response to any question in this Part V.

	1a	1b	1c	2a	2b	3a	3b	4a	5a	5b	5c	6a	6b	7a	7b	7c	7d	7e	7f	7g	7h	8	9a	9b	10a	10b	11a	11b	12a	12b	13a	13b	13c	14a	14b
1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable.	0																																		
b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.		0																																	
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?																																			
2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return				0																															
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions).																																			
3a Did the organization have unrelated business gross income of \$1,000 or more during the year?																																			
b If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O																																			
4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?																																			
b If "Yes," enter the name of the foreign country. ► See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.																																			
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?																																			
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?																																			
c If "Yes" to line 5a or 5b, did the organization file Form 8886-T?																																			
6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?																																			
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?																																			
7 Organizations that may receive deductible contributions under section 170(c).																																			
a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?																																			
b If "Yes," did the organization notify the donor of the value of the goods or services provided?																																			
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?																																			
d If "Yes," indicate the number of Forms 8282 filed during the year																																			
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?																																			
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?																																			
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?																																			
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?																																			
8 Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?																																			
9 Sponsoring organizations maintaining donor advised funds.																																			
a Did the organization make any taxable distributions under section 4966?																																			
b Did the organization make a distribution to a donor, donor advisor, or related person?																																			
10 Section 501(c)(7) organizations. Enter:																																			
a Initiation fees and capital contributions included on Part VIII, line 12																																			
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities																																			
11 Section 501(c)(12) organizations. Enter:																																			
a Gross income from members or shareholders																																			
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)																																			
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?																																			
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year																																			
13 Section 501(c)(29) qualified nonprofit health insurance issuers.																																			
a Is the organization licensed to issue qualified health plans in more than one state?																																			
Note. See the instructions for additional information the organization must report on Schedule O																																			
b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans																																			
c Enter the amount of reserves on hand																																			
14a Did the organization receive any payments for indoor tanning services during the tax year?																																			
b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O																																			

EXHIBIT 10

Form 990 (2012)

ESTHER GITLOW TOWERS III HOUSING DEVELOPMENT

27-1086109

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Part VI. Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.Check if Schedule O contains a response to any question in this Part VI. ☐**Section A. Governing Body and Management**

	Yes	No
1a Enter the number of voting members of the governing body at the end of the tax year 1a 9		
If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.		
b Enter the number of voting members included in line 1a, above, who are independent 1b 9		
2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? 2		X
3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person? . . . 3		X
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4		X
5 Did the organization become aware during the year of a significant diversion of the organization's assets? 5		X
6 Did the organization have members or stockholders? 6		X
7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? 7a		X
b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? 7b		X
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a The governing body? 8a		X
b Each committee with authority to act on behalf of the governing body? 8b		
9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O 9		X

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

	Yes	No
10a Did the organization have local chapters, branches, or affiliates? 10a		X
b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 10b		
11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? . . 11a		X
b Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
12a Did the organization have a written conflict of interest policy? If "No," go to line 13 12a		X
b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b		
c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done 12c		
13 Did the organization have a written whistleblower policy? 13		X
14 Did the organization have a written document retention and destruction policy? 14		X
15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
a The organization's CEO, Executive Director, or top management official 15a		
b Other officers or key employees of the organization 15b		
If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)		
16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? 16a		X
b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? 16b		

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed **NY**

18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
☐ Own website ☐ Another's website ☒ Upon request ☐ Other (explain in Schedule O)

19 Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization: **HAR-LOU MANAGEMENT CORP 200 LAFAYETTE AVENUE SUFFERN, NY 10901 845-357-9507**

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Form 990 (2012)

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EXHIBIT 10

Form 990 (2012)

ESTHER GITLOW TOWERS III HOUSING DEVELOPMENT

27-1086109

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Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Check if Schedule O contains a response to any question in this Part VII ☐

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid
- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

☒ Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) DEVRA KANTER BOARD MEMBER	3.00 3.00			X				0	0	0
(2) ROBERT KUTICK BOARD MEMBER	2.00 2.00			X				0	0	0
(3) NORMA KAUFMAN VICE PRESIDENT	2.00 2.00			X				0	0	0
(4) ELAINE BINDER PRESIDENT	3.00 3.00			X				0	0	0
(5) GERALDINE GREENBERG SECRETARY	2.00 2.00			X				0	0	0
(6) BERNICE SEFTTEL TREASURER	2.00 2.00			X				0	0	0
(7) JACK & RUTH ROSENBERG BOARD MEMBERS	2.00 2.00			X				0	0	0
(8) JEANNE FEFFERMAN BOARD MEMBER	3.00 3.00			X				0	0	0
(9) _____										
(10) _____										
(11) _____										
(12) _____										
(13) _____										
(14) _____										

Part VII	Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees <i>(continued)</i>
-----------------	--

[illegible]

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ▶ 0

3 Did the organization list any **former** officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual

4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual.

5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person

	Yes	No
3		X
4		X
5		X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization ▶ 0

EXHIBIT 10

Form 990 (2012)

ESTHER GITLOW TOWERS III HOUSING DEVELOPMENT

27-1086109

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Part VIII Statement of Revenue

Check if Schedule O contains a response to any question in this Part VIII ☐

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns	1a				
	b	Membership dues	1b				
	c	Fundraising events	1c				
	d	Related organizations	1d				
	e	Government grants (contributions)	1e				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f				
	g	Noncash contributions included in lines 1a-1f \$					
	h	Total. Add lines 1a-1f		0			
Program Service Revenue	Business Code						
	2a						
	b						
	c						
	d						
	e						
	f	All other program service revenue					
	g	Total. Add lines 2a-2f		0			
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		0			
	4	Income from investment of tax-exempt bond proceeds		0			
	5	Royalties		0			
			(i) Real	(ii) Personal			
	6a	Gross rents					
	b	Less: rental expenses					
	c	Rental income or (loss)					
	d	Net rental income or (loss)		0			
			(i) Securities	(ii) Other			
	7a	Gross amount from sales of assets other than inventory					
	b	Less: cost or other basis and sales expenses					
	c	Gain or (loss)					
	d	Net gain or (loss)		0			
	8a	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	a				
	b	Less: direct expenses	b				
	c	Net income or (loss) from fundraising events		0			
	9a	Gross income from gaming activities. See Part IV, line 19	a				
	b	Less: direct expenses	b				
	c	Net income or (loss) from gaming activities		0			
	10a	Gross sales of inventory, less returns and allowances	a				
b	Less: cost of goods sold	b					
c	Net income or (loss) from sales of inventory		0				
Miscellaneous Revenue			Business Code				
11a							
b							
c							
d	All other revenue						
e	Total. Add lines 11a-11d			0			
12	Total revenue. See instructions			0			

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Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

Check if Schedule O contains a response to any question in this Part IX ☐

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.				
1 Grants and other assistance to governments and organizations in the United States. See Part IV, line 21 .	0			
2 Grants and other assistance to individuals in the United States. See Part IV, line 22	0			
3 Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16,	0			
4 Benefits paid to or for members	0			
5 Compensation of current officers, directors, trustees, and key employees	0			
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0			
7 Other salaries and wages	0			
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	0			
9 Other employee benefits	0			
10 Payroll taxes	0			
11 Fees for services (non-employees):				
a Management	0			
b Legal	0			
c Accounting	0			
d Lobbying	0			
e Professional fundraising services. See Part IV, line 17	0			
f Investment management fees	0			
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O).	0			
12 Advertising and promotion	0			
13 Office expenses	0			
14 Information technology.	0			
15 Royalties	0			
16 Occupancy	0			
17 Travel	0			
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19 Conferences, conventions, and meetings	0			
20 Interest	0			
21 Payments to affiliates.	0			
22 Depreciation, depletion, and amortization . . .	0			
23 Insurance	0			
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)				
a -----				
b -----				
c -----				
d -----				
e All other expenses -----				
25 Total functional expenses. Add lines 1 through 24e	0			
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> If following SOP 98-2 (ASC 958-720)	0			

EXHIBIT 10

ESTHER GITLOW TOWERS III HOUSING DEVELOPMENT

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Form 990 (2012)

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Part X Balance Sheet

Check if Schedule O contains a response to any question in this Part X

		(A) Beginning of year	(B) End of year
Assets	1 Cash - non-interest-bearing	0 1	0
	2 Savings and temporary cash investments	0 2	0
	3 Pledges and grants receivable, net	0 3	0
	4 Accounts receivable, net	0 4	0
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L	0 5	0
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L	0 6	0
	7 Notes and loans receivable, net	0 7	0
	8 Inventories for sale or use	0 8	0
	9 Prepaid expenses and deferred charges	0 9	0
	10 a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a	
	b Less: accumulated depreciation	10b	0 10c
	11 Investments - publicly traded securities	0 11	0
	12 Investments - other securities. See Part IV, line 11	0 12	0
	13 Investments - program-related. See Part IV, line 11	0 13	0
	14 Intangible assets	0 14	0
	15 Other assets. See Part IV, line 11	0 15	0
16 Total assets. Add lines 1 through 15 (must equal line 34)	0 16	0	
Liabilities	17 Accounts payable and accrued expenses	0 17	0
	18 Grants payable	0 18	0
	19 Deferred revenue	0 19	0
	20 Tax-exempt bond liabilities	0 20	0
	21 Escrow or custodial account liability. Complete Part IV of Schedule D	0 21	0
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L	0 22	0
	23 Secured mortgages and notes payable to unrelated third parties	0 23	0
	24 Unsecured notes and loans payable to unrelated third parties	0 24	0
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	0 25	0
	26 Total liabilities. Add lines 17 through 25	0 26	0
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.		
	27 Unrestricted net assets	27	
	28 Temporarily restricted net assets	28	
	29 Permanently restricted net assets	29	
	Organizations that do not follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 30 through 34.		
	30 Capital stock or trust principal, or current funds	0 30	0
	31 Paid-in or capital surplus, or land, building, or equipment fund	0 31	0
	32 Retained earnings, endowment, accumulated income, or other funds	0 32	0
	33 Total net assets or fund balances	0 33	0
34 Total liabilities and net assets/fund balances.	0 34	0	

Form 990 (2012)

EXHIBIT 10

ESTHER GITLOW TOWERS III HOUSING DEVELOPMENT

27-1086109

Form 990 (2012)

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Part XI Reconciliation of Net Assets

Check if Schedule O contains a response to any question in this Part XI ☐

1	Total revenue (must equal Part VIII, column (A), line 12)	1	0
2	Total expenses (must equal Part IX, column (A), line 25)	2	0
3	Revenue less expenses. Subtract line 2 from line 1	3	0
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	0
5	Net unrealized gains (losses) on investments	5	0
6	Donated services and use of facilities	6	0
7	Investment expenses	7	0
8	Prior period adjustments	8	0
9	Other changes in net assets or fund balances (explain in Schedule O)	9	0
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	0

Part XII Financial Statements and Reporting

Check if Schedule O contains a response to any question in this Part XII ☐

- 1 Accounting method used to prepare the Form 990: ☐ Cash ☒ Accrual ☐ Other _____
If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.
- 2a Were the organization's financial statements compiled or reviewed by an independent accountant? ☐ Yes ☐ No
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both
☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis
- b Were the organization's financial statements audited by an independent accountant? ☐ Yes ☐ No
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:
☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis
- c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? ☐ Yes ☐ No
If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.
- 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? ☐ Yes ☐ No
- b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits

	Yes	No
2a		
2b		
2c		
3a		
3b		

Form 990 (2012)

EXHIBIT 10

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No. 1545-0047

2012

Open to Public
Inspection

Name of the organization **ESTHER GITLOW TOWERS III HOUSING DEVELOPMENT
FUND CORP.**

Employer identification number
27-1086109

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.)

- 1 ☐ A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).
- 2 ☐ A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.)
- 3 ☐ A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).
- 4 ☐ A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: _____
- 5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.)
- 6 ☐ A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).
- 7 ☒ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.)
- 8 ☐ A community trust described in section 170(b)(1)(A)(vii). (Complete Part II.)
- 9 ☐ An organization that normally receives: (1) more than 33 1/3 % of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3 % of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.)
- 10 ☐ An organization organized and operated exclusively to test for public safety. See section 509(a)(4).
- 11 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h.
 - a ☐ Type I b ☐ Type II c ☐ Type III-Functionally integrated d ☐ Type III-Non-functionally integrated
- e ☐ By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).
- f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box. ☐
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?
 - (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization? ☐
 - (ii) A family member of a person described in (i) above? ☐
 - (iii) A 35% controlled entity of a person described in (i) or (ii) above? ☐
- h Provide the following information about the supported organization(s).

	Yes	No
11g(i)	<input type="checkbox"/>	<input type="checkbox"/>
11g(ii)	<input type="checkbox"/>	<input type="checkbox"/>
11g(iii)	<input type="checkbox"/>	<input type="checkbox"/>

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization in col (i) listed in your governing document?		(v) Did you notify the organization in col (i) of your support?		(vi) Is the organization in col (i) organized in the U.S.?		(vii) Amount of monetary support
			Yes	No	Yes	No	Yes	No	
(A)									
(B)									
(C)									
(D)									
(E)									
Total									

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule A (Form 990 or 990-EZ) 2012

EXHIBIT 10

ESTHER GITLOW TOWERS III HOUSING DEVELOPMENT

27-1086109

Schedule A (Form 990 or 990-EZ) 2012

Page 2

Part II **Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**
(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants")	0	0	0	0	0	0
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0
3 The value of services or facilities furnished by a governmental unit to the organization without charge						0
4 Total. Add lines 1 through 3						0
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f).						0
6 Public support. Subtract line 5 from line 4						0

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
7 Amounts from line 4						0
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						0
9 Net income from unrelated business activities, whether or not the business is regularly carried on						0
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV)						0
11 Total support. Add lines 7 through 10						0
12 Gross receipts from related activities, etc. (see instructions)					12	
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input checked="" type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2012 (line 6, column (f) divided by line 11, column (f))	14	%
15 Public support percentage from 2011 Schedule A, Part II, line 14	15	%
16a 33 1/3% support test - 2012. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b 33 1/3% support test - 2011. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
17a 10%-facts-and-circumstances test - 2012. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b 10%-facts-and-circumstances test - 2011. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions		<input type="checkbox"/>

Schedule A (Form 990 or 990-EZ) 2012

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ATTORNEY CLIENT

EXHIBIT 10

ESTHER GITLOW TOWERS III HOUSING DEVELOPMENT

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Schedule A (Form 990 or 990-EZ) 2012

Page 3

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II.
If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b.						
8 Public support (Subtract line 7c from line 6)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
9 Amounts from line 6.						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here. ☐

Section C. Computation of Public Support Percentage

15 Public support percentage for 2012 (line 8, column (f) divided by line 13, column (f)).	15	%
16 Public support percentage from 2011 Schedule A, Part III, line 15.	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2012 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2011 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2012. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization ► ☐

b 33 1/3% support tests - 2011. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization ► ☐

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ► ☐

EXHIBIT 10

ESTHER GITLOW TOWERS III HOUSING DEVELOPMENT

27-1086109

Schedule A (Form 990 or 990-EZ) 2012

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Part IV **Supplemental Information.** Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

EXHIBIT 10

Form **8868**

(Rev. January 2013)

Department of the Treasury
Internal Revenue Service**Application for Extension of Time To File an
Exempt Organization Return**

OMB No. 1545-1709

▶ **File a separate application for each return.**

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box ☒ **X**
- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form).

Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.

Electronic filing (e-file). You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a corporation required to file Form 990-T), or an additional (not automatic) 3-month extension of time. You can electronically file Form 8868 to request an extension of time to file any of the forms listed in Part I or Part II with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, which must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/efile and click on *e-file for Charities & Nonprofits*

Part I Automatic 3-Month Extension of Time. Only submit original (no copies needed).

A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete Part I only ☐

All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Enter filer's identifying number, see instructions

**Type or
print**File by the
due date for
filing your
return. See
instructions.

Name of exempt organization or other filer, see instructions.

ESTHER GITLOW TOWERS III HOUSING DEVELOPMENT
FUND CORP.

Employer identification number (EIN) or

27-1086109

Number, street, and room or suite no. If a P.O. box, see instructions.

200 LAFAYETTE AVENUE

Social security number (SSN)

City, town or post office, state, and ZIP code. For a foreign address, see instructions.

SUFFERN, NY 10901

Enter the Return code for the return that this application is for (file a separate application for each return) ☐ 0 ☒ 1

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 4720- (individual)	03	Form 4720	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

- The books are in the care of ▶ HAR-LOU MANAGEMENT CORP

Telephone No ▶ 845 357-9507

FAX No. ▶

- If the organization does not have an office or place of business in the United States, check this box ☐
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) ☐. If this is for the whole group, check this box ☐. If it is for part of the group, check this box ☐ and attach a list with the names and EINs of all members the extension is for.

- 1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until 02/17, 20 14, to file the exempt organization return for the organization named above. The extension is for the organization's return for:
- ▶ ☐ calendar year 20 or
- ▶ ☒ tax year beginning 07/01, 2012, and ending 06/30, 20 13

- 2 If the tax year entered in line 1 is for less than 12 months, check reason: ☐ Initial return ☐ Final return
☐ Change in accounting period

3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a \$	0
b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b \$	0
c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c \$	0

Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

For Privacy Act and Paperwork Reduction Act Notice, see Instructions.

Form **8868** (Rev. 1-2013)

JSA

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A For the 2013 calendar year, or tax year beginning 07-01-2013 , 2013, and ending 06-30-2014			
B Check if applicable <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization ESTHER GITLOW TOWERS III HOUSING DEVELOPMENT FUND CORP Doing Business As		D Employer identification number 27-1086109
	Number and street (or P O box if mail is not delivered to street address) Room/suite 200 LAFAYETTE AVENUE Suite		E Telephone number (845) 357-9507
	City or town, state or province, country, and ZIP or foreign postal code SUFFERN, NY 10901		G Gross receipts \$ 0
	F Name and address of principal officer		
	H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list (see instructions)		
I Tax-exempt status <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () ◀(Insert no) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		H(c) Group exemption number ▶	
J Website: ▶ N/A			
K Form of organization <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶			L Year of formation 2009
M State of legal domicile NY			

Part I	Summary
---------------	----------------

Activities & Governance	1 Briefly describe the organization's mission or most significant activities TO DEVELOP A HOUSING PROJECT FOR PERSONS OF LOW INCOME AND LOW INCOME PERSONS WHO ARE ELDERLY OR HANDICAPPED		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets		
	3	Number of voting members of the governing body (Part VI, line 1a)	17
	4	Number of independent voting members of the governing body (Part VI, line 1b)	17
	5	Total number of individuals employed in calendar year 2013 (Part V, line 2a)	0
Activities & Governance	6	Total number of volunteers (estimate if necessary)	
	7a	Total unrelated business revenue from Part VIII, column (C), line 12	0
	7b	Net unrelated business taxable income from Form 990-T, line 34	
Revenue	8	Contributions and grants (Part VIII, line 1h)	0
	9	Program service revenue (Part VIII, line 2g)	0
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	0
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	0
	12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	0
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	0
	14	Benefits paid to or for members (Part IX, column (A), line 4)	0
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	0
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	0
	b	Total fundraising expenses (Part IX, column (D), line 25) <input type="checkbox"/> 0	
	17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	0
	18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	0
	19	Revenue less expenses Subtract line 18 from line 12	0
Net Assets or Fund Balances	Beginning of Current Year		
	20	Total assets (Part X, line 16)	0
	21	Total liabilities (Part X, line 26)	0
	22	Net assets or fund balances Subtract line 21 from line 20	0

Part II	Signature Block	
----------------	------------------------	--

Under penalties of perjury, I declare that I have examined this return, including my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than the taxpayer) is based on all information of which preparer has any knowledge

Sign Here	*****	
	Signature of officer	
	JEANNE FEFFERMAN PRESIDENT	
	Type or print name and title	
Paid Preparer Use Only	Print/Type preparer's name JACK ZUCKERMAN	Preparer's signature
	Firm's name ▶ ARTHUR YORKES & COMPANY LLP	
	Firm's address ▶ 520 EIGHTH AVENUE-18TH FL NEW YORK, NY 10018	

Part III

Statement of Program Service Accomplishments

EXHIBIT 10

Check if Schedule O contains a response or note to any line in this Part III

1

Briefly describe the organization's mission

TO DEVELOP A HOUSING PROJECT FOR PERSONS OF LOW INCOME AND LOW INCOME PERSONS WHO ARE ELDERLY OR HANDICAPPED

2

Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?

Yes

☒

No

If "Yes," describe these new services on Schedule O

3

Did the organization cease conducting, or make significant changes in how it conducts, any program services?

Yes

☒

No

If "Yes," describe these changes on Schedule O

4

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a

(Code) (Expenses \$ 0 including grants of \$ 0) (Revenue \$ 0)

WE DID NOT HAVE ANY PROGRAM SERVICE ACTIVITIES THIS TAX YEAR

4b

(Code) (Expenses \$ including grants of \$) (Revenue \$)

4c

(Code) (Expenses \$ including grants of \$) (Revenue \$)

4d

Other program services (Describe in Schedule O)

(Expenses \$ including grants of \$) (Revenue \$)

4e

Total program service expenses ▶ 0

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Part IV

Checklist of Required Schedules

EXHIBIT 10

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A.</i>	Yes	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> (see instructions)?		No
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I.</i>		No
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II.</i>		No
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III.</i>		No
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I.</i>		No
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II.</i>		No
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III.</i>		No
9 Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV.</i>		No
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V.</i>		No
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI.</i>		No
b Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII.</i>		No
c Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII.</i>		No
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX.</i>		No
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X.</i>		No
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X.</i>		No
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII.</i>		No
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional.</i>		No
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E.</i>		No
14a Did the organization maintain an office, employees, or agents outside of the United States?		No
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV.</i>		No
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV.</i>		No
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV.</i>		No
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I (see instructions).</i>		No
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II.</i>		No
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III.</i>		No
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H.</i>		No
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		

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Part IV

Checklist of Required Schedules (continued)

EXHIBIT 10

21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	21		No
22	Did the organization report more than \$5,000 of grants or other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>	22		No
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	23		No
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>	25a		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>	25b		No
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If so, complete Schedule L, Part II</i>	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>	27		No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28b		No
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>	33		No
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>	34		No
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		No
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O to Part VII, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	38		No

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Part V

Statements Regarding Other IRS Filings and Tax Compliance

EXHIBIT 10

Check if Schedule O contains a response or note to any line in this Part V ☐

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable.		
1b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.		
1c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?			
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return.		
2b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions).			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		No
3b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O.		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		No
b If "Yes," enter the name of the foreign country: _____ See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		No
5b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		No
5c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?		No
6b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
7 Organizations that may receive deductible contributions under section 170(c).			
7a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?		No
7b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
7c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		No
7d	If "Yes," indicate the number of Forms 8282 filed during the year.		
7e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		No
7f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		No
7g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		No
7h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		No
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		No
9 Sponsoring organizations maintaining donor advised funds.			
9a	Did the organization make any taxable distributions under section 4966?		
9b	Did the organization make a distribution to a donor, donor advisor, or related person?		
10 Section 501(c)(7) organizations. Enter			
10a	Initiation fees and capital contributions included on Part VIII, line 12.		
10b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities.		
11 Section 501(c)(12) organizations. Enter			
11a	Gross income from members or shareholders.		
11b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them).		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		
12b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year.		
13 Section 501(c)(29) qualified nonprofit health insurance issuers.			
13a	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O.		
13b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans.		
13c	Enter the amount of reserves on hand.		
14a	Did the organization receive any payments for indoor tanning services during the tax year?		No
14b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.		

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Part VII

Governance, Management, and Disclosure

For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Check if Schedule O contains a response or note to any line in this Part VII

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year		
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O		
b	Enter the number of voting members included in line 1a, above, who are independent		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2	No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3	No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4	No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5	No
6	Did the organization have members or stockholders?	6	No
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a	No
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b	No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following		
a	The governing body?	8a	No
b	Each committee with authority to act on behalf of the governing body?	8b	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9	No

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a	No
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	No
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	No
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	
13	Did the organization have a written whistleblower policy?	13	No
14	Did the organization have a written document retention and destruction policy?	14	No
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
a	The organization's CEO, Executive Director, or top management official	15a	
b	Other officers or key employees of the organization	15b	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)		
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a	No
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b	

Section C. Disclosure

17	List the States with which a copy of this Form 990 is required to be filed	NY
18	Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. <input type="checkbox"/> Own website <input type="checkbox"/> Another's website <input checked="" type="checkbox"/> Upon request <input type="checkbox"/> Other (explain in Schedule O)	
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year	
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organization	

HAR-LOU MANAGEMENT CORP 200 LAFAVETTE
SUFFERN,NY 10901 (845) 357-9507

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Part VII

EXHIBIT D

Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Check if Schedule O contains a response or note to any line in this Part VII

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

☒ Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099- MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(1) DEVRA KANTER VP COMMUNICATIONS	3 0			X						0
(2) ELAINE BINDER BOARD MEMBER	3 0			X						0
(3) FRANCES HALFOND CORRESPONDING SECRETARY	2 0			X						
(4) BERNICE SEFTEL BOARD MEMBER	2 0			X						
(5) JACK ROSENBERG BOARD MEMBERS	2 0			X						
(6) JEANNE FEFFERMAN PRESIDENT AND PROGRAMMING	3 0			X						
(7) ARLENE ACKRMAN BOARD MEMBER	2 0			X						
(8) SARAH CALORAS BOARD MEMBER	2 0			X						
(9) MURIEL CHALEFF BOARD MEMBER	2 0			X						
(10) SUSAN GOODMAN TREASURER	2 0			X						
(11) GERRY GREENBERG RECORDING SECRETARY	2 0			X						
(12) CAROL GROSSER VP FUNDRAISING	2 0			X						
(13) CONNIE HERNOWITZ VP MEMBERSHIP	2 0			X						
(14) MARGIE JACOBS BOARD MEMBER	2 0			X						
(15) MARILYN KLEIN HOSPITALITY CHAIR	2 0			X						
(16) LEAH KLIBONOFF INVESTMENTS	2 0			X						
(17) SUSAN SCHILLER HOSPITALITY CHAIR	2 0									

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

EXHIBIT 10

[illegible]

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization: 0

		Yes	No
3	Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>	3	No
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>	4	No
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>	5	No

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization: 0

~~CLIPPING NOT TO BE RELEASED TO A PERSON LISTED ABOVE WHO REQUESTED MATERIAL
ATTORNEY-CLIENT WORK PRODUCT~~

Part VIII

Statement of Revenue

EXHIBIT 10

Check if Schedule O contains a response or note to any line in this Part VIII

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns 1a				
	b	Membership dues 1b				
	c	Fundraising events 1c				
	d	Related organizations 1d				
	e	Government grants (contributions) 1e				
	f	All other contributions, gifts, grants, and similar amounts not included above 1f				
	g	Noncash contributions included in lines 1a-1f \$				
	h	Total. Add lines 1a-1f	0			
Program Service Revenue	2a	Business Code				
	b					
	c					
	d					
	e					
	f	All other program service revenue				
	g	Total. Add lines 2a-2f	0			
	Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)	0		
4		Income from investment of tax-exempt bond proceeds	0			
5		Royalties	0			
6a		Gross rents				
b		Less rental expenses				
c		Rental income or (loss)	0	0		
d		Net rental income or (loss)	0			
7a		Gross amount from sales of assets other than inventory				
b		Less cost or other basis and sales expenses				
c		Gain or (loss)				
d		Net gain or (loss)	0			
8a		Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18				
b		Less direct expenses				
c		Net income or (loss) from fundraising events	0			
9a		Gross income from gaming activities See Part IV, line 19				
b		Less direct expenses				
c		Net income or (loss) from gaming activities	0			
10a		Gross sales of inventory, less returns and allowances				
b		Less cost of goods sold				
c		Net income or (loss) from sales of inventory	0			
Miscellaneous Revenue		Business Code				
11a						
b						
c						
d	All other revenue					
e	Total. Add lines 11a-11d	0				
12	Total revenue. See Instructions		0			

Part IX Statement of Functional Expenses

EXHIBIT 10

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

Check if Schedule O contains a response or note to any line in this Part IX

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.		(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the United States. See Part IV, line 21.	0	0		
2	Grants and other assistance to individuals in the United States. See Part IV, line 22.	0	0		
3	Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16.	0	0		
4	Benefits paid to or for members.	0	0		
5	Compensation of current officers, directors, trustees, and key employees.	0	0	0	0
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B).	0	0	0	0
7	Other salaries and wages.	0	0	0	0
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions).	0	0	0	0
9	Other employee benefits.	0	0	0	0
10	Payroll taxes.	0	0	0	0
11	Fees for services (non-employees):				
a	Management.	0	0	0	0
b	Legal.	0	0	0	0
c	Accounting.	0	0	0	0
d	Lobbying.	0	0	0	0
e	Professional fundraising services. See Part IV, line 17.	0			0
f	Investment management fees.	0	0	0	0
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O).	0	0	0	0
12	Advertising and promotion.	0	0	0	0
13	Office expenses.	0	0	0	0
14	Information technology.	0	0	0	0
15	Royalties.	0	0	0	0
16	Occupancy.	0	0	0	0
17	Travel.	0	0	0	0
18	Payments of travel or entertainment expenses for any federal, state, or local public officials.	0	0	0	0
19	Conferences, conventions, and meetings.	0	0	0	0
20	Interest.	0	0	0	0
21	Payments to affiliates.	0	0	0	0
22	Depreciation, depletion, and amortization.	0	0	0	0
23	Insurance.	0	0	0	0
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O).				
a					
b					
c					
d					
e	All other expenses.				
25	Total functional expenses. Add lines 1 through 24e.	0	0	0	0
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720).				

Part X

Balance Sheet

EXHIBIT 10

Check if Schedule O contains a response or note to any line in this Part X ☐

					(A) Beginning of year		(B) End of year
Assets	1	Cash—non-interest-bearing			0	1	0
	2	Savings and temporary cash investments			0	2	0
	3	Pledges and grants receivable, net			0	3	0
	4	Accounts receivable, net			0	4	0
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L			0	5	0
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L			0	6	0
	7	Notes and loans receivable, net			0	7	0
	8	Inventories for sale or use			0	8	0
	9	Prepaid expenses and deferred charges			0	9	0
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a				
	b	Less accumulated depreciation	10b		0	10c	
	11	Investments—publicly traded securities			0	11	0
	12	Investments—other securities See Part IV, line 11			0	12	0
	13	Investments—program-related See Part IV, line 11			0	13	0
	14	Intangible assets			0	14	0
	15	Other assets See Part IV, line 11			0	15	0
	16	Total assets. Add lines 1 through 15 (must equal line 34)			0	16	0
Liabilities	17	Accounts payable and accrued expenses			0	17	0
	18	Grants payable			0	18	0
	19	Deferred revenue			0	19	0
	20	Tax-exempt bond liabilities			0	20	0
	21	Escrow or custodial account liability Complete Part IV of Schedule D			0	21	0
	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L			0	22	0
	23	Secured mortgages and notes payable to unrelated third parties			0	23	0
	24	Unsecured notes and loans payable to unrelated third parties			0	24	0
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D			0	25	0
	26	Total liabilities. Add lines 17 through 25			0	26	0
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.						
	27	Unrestricted net assets				27	
	28	Temporarily restricted net assets				28	
	29	Permanently restricted net assets				29	
	Organizations that do not follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 30 through 34.						
	30	Capital stock or trust principal, or current funds			0	30	0
	31	Paid-in or capital surplus, or land, building or equipment fund			0	31	0
	32	Retained earnings, endowment, accumulated income, or other funds			0	32	0
	33	Total net assets or fund balances			0	33	0
	34	Total liabilities and net assets/fund balances			0	34	0

Part XI

Reconciliation of Net Assets

EXHIBIT 10

Check if Schedule O contains a response or note to any line in this Part XI

1	Total revenue (must equal Part VIII, column (A), line 12)	1	0
2	Total expenses (must equal Part IX, column (A), line 25)	2	0
3	Revenue less expenses Subtract line 2 from line 1	3	0
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	0
5	Net unrealized gains (losses) on investments	5	
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	0

Part XII

Financial Statements and Reporting

Check if Schedule O contains a response or note to any line in this Part XII

		Yes	No
1	Accounting method used to prepare the Form 990 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	2a	No
2b	Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	2b	No
2c	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	2c	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a	
3b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	3b	

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SCHEDULE A
(Form 990 or 990EZ)

Department of the
Treasury
Internal Revenue Service

EXHIBIT 10

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.
▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization ESTHER GITLOW TOWERS III HOUSING DEVELOPMENT FUND CORP	Employer identification number 27-1086109
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Part I

Reason for Public Charity Status (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is (For lines 1 through 11, check only one box)

- 1

☐

A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2

☐

A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E)
- 3

☐

A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4

☐

A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state _____
- 5

☐

An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II)
- 6

☐

A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7

☒

An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II)
- 8

☐

A community trust described in **section 170(b)(1)(A)(vi)** (Complete Part II)
- 9

☐

An organization that normally receives (1) more than 33¹/₃% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33¹/₃% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2).** (Complete Part III)
- 10

☐

An organization organized and operated exclusively to test for public safety See **section 509(a)(4).**
- 11

☐

An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See **section 509(a)(3).** Check the box that describes the type of supporting organization and complete lines 11e through 11h

a

☐

Type I

b

☐

Type II

c

☐

Type III - Functionally integrated

d

☐

Type III - Non-functionally integrated

e

☐

By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)

f

☐

If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box

g

☐

Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

(i)

A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?

(ii)

A family member of a person described in (i) above?

(iii)

A 35% controlled entity of a person described in (i) or (ii) above?

h

☐

Provide the following information about the supported organization(s)

	Yes	No
11g(i)		
11g(ii)		
11g(iii)		

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section (see instructions))	(iv) Is the organization in col (i) listed in your governing document?		(v) Did you notify the organization in col (i) of your support?		(vi) Is the organization in col (i) organized in the U S ?		(vii) Amount of monetary support
			Yes	No	Yes	No	Yes	No	
Total									

Part II

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)
(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support						
Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")	0	0	0	0	0	0
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0
3 The value of services or facilities furnished by a governmental unit to the organization without charge						0
4 Total. Add lines 1 through 3	0	0	0	0	0	0
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						0
6 Public support. Subtract line 5 from line 4						0

Section B. Total Support						
Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
7 Amounts from line 4	0	0	0	0	0	0
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources		0	0			0
9 Net income from unrelated business activities, whether or not the business is regularly carried on						0
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						0
11 Total support (Add lines 7 through 10)						0
12 Gross receipts from related activities, etc (see instructions)					12	0
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here					<input checked="" type="checkbox"/>	

Section C. Computation of Public Support Percentage		
14	Public support percentage for 2013 (line 6, column (f) divided by line 11, column (f))	14
15	Public support percentage for 2012 Schedule A, Part II, line 14	15
16a	33 1/3% support test—2013. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization	<input type="checkbox"/>
b	33 1/3% support test—2012. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization	<input type="checkbox"/>
17a	10%-facts-and-circumstances test—2013. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization	<input type="checkbox"/>
b	10%-facts-and-circumstances test—2012. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization	<input type="checkbox"/>
18	Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions	<input type="checkbox"/>

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Part III

Support Schedule for Organizations Described in Section 509(a)(2)
(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support						
Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support (Subtract line 7c from line 6)						

Section B. Total Support						
Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here ▶						

Section C. Computation of Public Support Percentage			
15 Public support percentage for 2013 (line 8, column (f) divided by line 13, column (f))	15		
16 Public support percentage from 2012 Schedule A, Part III, line 15	16		

Section D. Computation of Investment Income Percentage			
17 Investment income percentage for 2013 (line 10c, column (f) divided by line 13, column (f))	17		
18 Investment income percentage from 2012 Schedule A, Part III, line 17	18		
19a 33 1/3% support tests—2013. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization ▶			
b 33 1/3% support tests—2012. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization ▶			
20 Private foundation. If the organization did not check a box on line 14, 19a, 19b, or 19c, check this box and see instructions ▶			

Part IV

Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

Facts And Circumstances Test

Return Reference	Explanation	
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EXHIBIT 10

SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

EXHIBIT 10

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on
Form 990 or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at
www.irs.gov/form990.

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization ESTHER GITLOW TOWERS III HOUSING DEVELOPMENT FUND CORP	Employer identification number 27-1086109
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990 Schedule O, Supplemental Information

Return Reference	Explanation
PROGRAM SERVICE	WE DID NOT HAVE ANY PROGRAM SERVICE ACTIVITIES THIS TAX YEAR

A For the 2014 calendar year, or tax year beginning 07-01-2014 , and ending 06-30-2015			
B Check if applicable <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization ESTHER GITLOW TOWERS III HOUSING DEVELOPMENT FUND CORP % HAR-LOU MANAGEMENT CORP		D Employer identification number 27-1086109
	Doing business as		E Telephone number (845) 357-9507
	Number and street (or P O box if mail is not delivered to street address) 200 LAFAYETTE AVENUE	Room/suite	
	City or town, state or province, country, and ZIP or foreign postal code SUFFERN, NY 10901		G Gross receipts \$ 0
	F Name and address of principal officer		
I Tax-exempt status <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () ◀(insert no) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list (see instructions)	
J Website: ▶ N/A		H(c) Group exemption number ▶	
K Form of organization <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶			L Year of formation 2009
			M State of legal domicile NY

Part I		Summary	
Activities & Governance	1 Briefly describe the organization's mission or most significant activities TO DEVELOP A HOUSING PROJECT FOR PERSONS OF LOW INCOME AND LOW INCOME PERSONS WHO ARE ELDERLY OR HANDICAPPED _____ _____ _____		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	17
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	17
	5 Total number of individuals employed in calendar year 2014 (Part V, line 2a)	5	0
	6 Total number of volunteers (estimate if necessary)	6	
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
	b Net unrelated business taxable income from Form 990-T, line 34	7b	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	0	0
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	0	0
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	0	0
	12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	0	0
	Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)	0
14 Benefits paid to or for members (Part IX, column (A), line 4)		0	0
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)		0	0
16a Professional fundraising fees (Part IX, column (A), line 11e)		0	0
b Total fundraising expenses (Part IX, column (D), line 25) <input type="checkbox"/> 0 _____			
17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)		0	0
18 Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)		0	0
19 Revenue less expenses Subtract line 18 from line 12		0	0
Net Assets or Fund Balances			Beginning of Current Year
	20 Total assets (Part X, line 16)	0	0
	21 Total liabilities (Part X, line 26)	0	0
	22 Net assets or fund balances Subtract line 21 from line 20	0	

Part II Signature Block		
Under penalties of perjury, I declare that I have examined this return, including my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than the taxpayer) is based on all information of which preparer has any knowledge		
Sign Here	***** Signature of officer	
	JEANNE FEFFERMAN PRESIDENT Type or print name and title	
Paid Preparer Use Only	Print/Type preparer's name ARTHUR YORKES	Preparer's signature ARTHUR YORKES
	Firm's name ► RAICH ENDE MALTER & CO LLP	
	Firm's address ► 1375 BROADWAY 15TH FLOOR NEW YORK, NY 10018	

Part III

Statement of Program Service Accomplishments

EXHIBIT 10

Check if Schedule O contains a response or note to any line in this Part III

1

Briefly describe the organization's mission

TO DEVELOP A HOUSING PROJECT FOR PERSONS OF LOW INCOME AND LOW INCOME PERSONS WHO ARE ELDERLY OR HANDICAPPED

2

Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?

☐ Yes

☒ No

If "Yes," describe these new services on Schedule O

3

Did the organization cease conducting, or make significant changes in how it conducts, any program services?

☐ Yes

☒ No

If "Yes," describe these changes on Schedule O

4

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a

(Code) (Expenses \$ 0 including grants of \$) (Revenue \$)

WE DID NOT HAVE ANY PROGRAM SERVICE ACTIVITIES THIS TAX YEAR

4b

(Code) (Expenses \$ including grants of \$) (Revenue \$)

4c

(Code) (Expenses \$ including grants of \$) (Revenue \$)

4d

Other program services (Describe in Schedule O)

(Expenses \$ including grants of \$) (Revenue \$)

4e

Total program service expenses

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Part IV Checklist of Required Schedules

EXHIBIT 10

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A 5	1 Yes	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> (see instructions)?	2	No
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete <i>Schedule C, Part I</i>	3	No
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete <i>Schedule C, Part II</i>	4	No
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete <i>Schedule C, Part III</i>	5	No
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete <i>Schedule D, Part I</i>	6	No
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete <i>Schedule D, Part II</i>	7	No
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete <i>Schedule D, Part III</i>	8	No
9 Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete <i>Schedule D, Part IV</i>	9	No
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete <i>Schedule D, Part V</i>	10	No
11 If the organization's answer to any of the following questions is "Yes," then complete <i>Schedule D, Parts VI, VII, VIII, IX, or X</i> as applicable		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete <i>Schedule D, Part VI</i>	11a	No
b Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete <i>Schedule D, Part VII</i>	11b	No
c Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete <i>Schedule D, Part VIII</i>	11c	No
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete <i>Schedule D, Part IX</i>	11d	No
e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete <i>Schedule D, Part X</i>	11e	No
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete <i>Schedule D, Part X</i>	11f	No
12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete <i>Schedule D, Parts XI and XII</i>	12a	No
b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing <i>Schedule D, Parts XI and XII</i> is optional	12b	No
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete <i>Schedule E</i>	13	No
14a Did the organization maintain an office, employees, or agents outside of the United States?	14a	No
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete <i>Schedule F, Parts I and IV</i>	14b	No
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete <i>Schedule F, Parts II and IV</i>	15	No
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete <i>Schedule F, Parts III and IV</i>	16	No
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete <i>Schedule G, Part I</i> (see instructions)	17	No
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete <i>Schedule G, Part II</i>	18	No
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete <i>Schedule G, Part III</i>	19	No
20a Did the organization operate one or more hospital facilities? If "Yes," complete <i>Schedule H</i>	20a	No
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	

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Part IV

Checklist of Required Schedules (continued)

EXHIBIT 10

21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	21		No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>	22		No
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	23		No
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>	25a		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>	25b		No
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II</i>	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>	27		No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28b		No
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>	33		No
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>	34		No
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		No
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>	37		No
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	38		No

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Part V

Statements Regarding Other IRS Filings and Tax Compliance

EXHIBIT 10

Check if Schedule O contains a response or note to any line in this Part V

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable.	0	
1b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.	0	
1c			
2a		0	
2b			
3a			No
3b			
4a			No
5a			No
5b			No
5c			
6a			No
6b			
7a			No
7b			
7c			No
7d			
7e			No
7f			No
7g			No
7h			No
8			No
9a			
9b			
10a			
10b			
11a			
11b			
12a			
12b			
13a			
13b			
13c			
14a			No
14b			

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Part VI

Governance, Management, and Disclosure

For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Check if Schedule O contains a response or note to any line in this Part VI

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year		
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O		
b	Enter the number of voting members included in line 1a, above, who are independent		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2	No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3	No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4	No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5	No
6	Did the organization have members or stockholders?	6	No
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a	No
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b	No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following		
a	The governing body?	8a	No
b	Each committee with authority to act on behalf of the governing body?	8b	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9	No

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a	No
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	No
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	No
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	
13	Did the organization have a written whistleblower policy?	13	No
14	Did the organization have a written document retention and destruction policy?	14	No
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
a	The organization's CEO, Executive Director, or top management official	15a	
b	Other officers or key employees of the organization	15b	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)		
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a	No
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b	

Section C. Disclosure

17	List the States with which a copy of this Form 990 is required to be filed	NY
18	Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. <input type="checkbox"/> Own website <input type="checkbox"/> Another's website <input checked="" type="checkbox"/> Upon request <input type="checkbox"/> Other (explain in Schedule O)	
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year	
20	State the name, address, and telephone number of the person who possesses the organization's books and records	
	HAR-LOU MANAGEMENT CORP 200 LAFAYETTE AVENUE SUFFERN, NY 10901 (845) 357-9507	

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Part VII

Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

EXHIBIT 10

Check if Schedule O contains a response or note to any line in this Part VII

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid

List all of the organization's **current** key employees, if any See instructions for definition of "key employee "

List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations

List all of the organization's **former** officers, key employees, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations

List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons

☒ Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(1) DEVRA KANTER VP COMMUNICATIONS	3 0 3 0			X				0	0	0
(2) ELAINE BINDER BOARD MEMBER	3 0 3 0			X				0	0	0
(3) FRANCES HALFOND CORRESPONDING SECRETARY	3 0 3 0			X				0	0	0
(4) BERNICE SEFTEL BOARD MEMBER	3 0 3 0			X				0	0	0
(5) JACK ROSENBERG BOARD MEMBERS	3 0 3 0			X				0	0	0
(6) JEANNE FEFFERMAN PRESIDENT AND PROGRAMMING	3 0 3 0			X				0	0	0
(7) ARLENE ACKRMAN BOARD MEMBER	3 0 3 0			X				0	0	0
(8) SARAH CALORAS BOARD MEMBER	3 0 3 0			X				0	0	0
(9) MURIEL CHALEFF BOARD MEMBER	3 0 3 0			X				0	0	0
(10) SUSAN GOODMAN TREASURER	3 0 3 0			X				0	0	0
(11) GERRY GREENBERG RECORDING SECRETARY	3 0 3 0			X				0	0	0
(12) CAROL GROSSER VP FUNDRAISING	3 0 3 0			X				0	0	0
(13) CONNIE HERNOWITZ VP MEMBERSHIP	3 0 3 0			X				0	0	0
(14) MARGIE JACOBS BOARD MEMBER	3 0 3 0							0	0	0

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Part VII

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

EXHIBIT 10

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(15) MARILYN KLEIN HOSPITALITY CHAIR	3 0 3 0			X				0	0	0
(16) LEAH KLIBONOFF INVESTMENTS	3 0 3 0			X				0	0	0
(17) SUSAN SCHILLER HOSPITALITY CHAIR	3 0 3 0			X				0	0	0

1b	Sub-Total	▶			
c	Total from continuation sheets to Part VII, Section A	▶			
d	Total (add lines 1b and 1c)	▶	0	0	0

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization▶0

		Yes	No
3	Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>	3	No
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>	4	No
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>	5	No

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization Report compensation for the calendar year ending with or within the organization's tax year

(A) Name and business address	(B) Description of services	(C) Compensation

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization▶0

Part VIII

Statement of Revenue

EXHIBIT 10

Check if Schedule O contains a response or note to any line in this Part VIII

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns 1a				
	b	Membership dues 1b				
	c	Fundraising events 1c				
	d	Related organizations 1d				
	e	Government grants (contributions) 1e				
	f	All other contributions, gifts, grants, and similar amounts not included above 1f				
	g	Noncash contributions included in lines 1a-1f \$				
	h	Total. Add lines 1a-1f	0			
Program Service Revenue	2a	Business Code				
	b					
	c					
	d					
	e					
	f	All other program service revenue				
	g	Total. Add lines 2a-2f	0			
	Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)	0		
4		Income from investment of tax-exempt bond proceeds	0			
5		Royalties	0			
6a		Gross rents				
b		Less rental expenses				
c		Rental income or (loss)	0	0		
d		Net rental income or (loss)	0			
7a		Gross amount from sales of assets other than inventory				
b		Less cost or other basis and sales expenses				
c		Gain or (loss)				
d		Net gain or (loss)	0			
8a		Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18				
b		Less direct expenses				
c		Net income or (loss) from fundraising events	0			
9a		Gross income from gaming activities See Part IV, line 19				
b		Less direct expenses				
c		Net income or (loss) from gaming activities	0			
10a		Gross sales of inventory, less returns and allowances				
b		Less cost of goods sold				
c		Net income or (loss) from sales of inventory	0			
Miscellaneous Revenue		Business Code				
11a						
b						
c						
d	All other revenue					
e	Total. Add lines 11a-11d	0				
12	Total revenue. See Instructions		0			

Part IX Statement of Functional Expenses

EXHIBIT 10

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

Check if Schedule O contains a response or note to any line in this Part IX

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.				
	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21.	0			
2 Grants and other assistance to domestic individuals. See Part IV, line 22.	0			
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16.	0			
4 Benefits paid to or for members.	0			
5 Compensation of current officers, directors, trustees, and key employees.	0			
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B).	0			
7 Other salaries and wages.	0	0	0	0
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions).	0			
9 Other employee benefits.	0			
10 Payroll taxes.	0			
11 Fees for services (non-employees):				
a Management.	0			
b Legal.	0			
c Accounting.	0			
d Lobbying.	0			
e Professional fundraising services. See Part IV, line 17.	0			
f Investment management fees.	0			
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O).	0			
12 Advertising and promotion.	0			
13 Office expenses.	0			
14 Information technology.	0			
15 Royalties.	0			
16 Occupancy.	0			
17 Travel.	0			
18 Payments of travel or entertainment expenses for any federal, state, or local public officials.	0			
19 Conferences, conventions, and meetings.	0			
20 Interest.	0			
21 Payments to affiliates.	0			
22 Depreciation, depletion, and amortization.	0			
23 Insurance.	0			
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O):				
a				
b				
c				
d				
e All other expenses.				
25 Total functional expenses. Add lines 1 through 24e.	0	0	0	0
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720).				

Part X

Balance Sheet

EXHIBIT 10

Check if Schedule O contains a response or note to any line in this Part X ☐

					(A) Beginning of year		(B) End of year
Assets	1	Cash—non-interest-bearing			0	1	0
	2	Savings and temporary cash investments			0	2	0
	3	Pledges and grants receivable, net			0	3	0
	4	Accounts receivable, net			0	4	0
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L			0	5	0
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L			0	6	0
	7	Notes and loans receivable, net			0	7	0
	8	Inventories for sale or use			0	8	0
	9	Prepaid expenses and deferred charges			0	9	0
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a				
	b	Less accumulated depreciation	10b		0	10c	
	11	Investments—publicly traded securities			0	11	0
	12	Investments—other securities See Part IV, line 11			0	12	0
	13	Investments—program-related See Part IV, line 11			0	13	0
	14	Intangible assets			0	14	0
	15	Other assets See Part IV, line 11			0	15	0
	16	Total assets. Add lines 1 through 15 (must equal line 34)			0	16	0
Liabilities	17	Accounts payable and accrued expenses			0	17	0
	18	Grants payable			0	18	0
	19	Deferred revenue			0	19	0
	20	Tax-exempt bond liabilities			0	20	0
	21	Escrow or custodial account liability Complete Part IV of Schedule D			0	21	0
	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L			0	22	0
	23	Secured mortgages and notes payable to unrelated third parties			0	23	0
	24	Unsecured notes and loans payable to unrelated third parties			0	24	0
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D			0	25	0
	26	Total liabilities. Add lines 17 through 25			0	26	0
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.						
	27	Unrestricted net assets				27	
	28	Temporarily restricted net assets				28	
	29	Permanently restricted net assets				29	
	Organizations that do not follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 30 through 34.						
	30	Capital stock or trust principal, or current funds			0	30	0
	31	Paid-in or capital surplus, or land, building or equipment fund			0	31	0
	32	Retained earnings, endowment, accumulated income, or other funds			0	32	0
	33	Total net assets or fund balances			0	33	0
	34	Total liabilities and net assets/fund balances			0	34	0

Part XI

Reconciliation of Net Assets

EXHIBIT 10

Check if Schedule O contains a response or note to any line in this Part XI

1	Total revenue (must equal Part VIII, column (A), line 12)	1	0
2	Total expenses (must equal Part IX, column (A), line 25)	2	0
3	Revenue less expenses Subtract line 2 from line 1	3	0
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	0
5	Net unrealized gains (losses) on investments	5	
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	0

Part XII

Financial Statements and Reporting

Check if Schedule O contains a response or note to any line in this Part XII

		Yes	No
1	Accounting method used to prepare the Form 990 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	2a	No
b	Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	2b	No
c	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	2c	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	3b	

SCHEDULE A
(Form 990 or 990EZ)

Department of the
Treasury
Internal Revenue Service

EXHIBIT 10

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.
▶ Attach to Form 990 or Form 990-EZ.
▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2014

Open to Public Inspection

Name of the organization ESTHER GITLOW TOWERS III HOUSING DEVELOPMENT FUND CORP	Employer identification number 27-1086109
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Part I

Reason for Public Charity Status (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is (For lines 1 through 11, check only one box)

1

☐

A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**

2

☐

A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E)

3

☐

A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**

4

☐

A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state _____

5

☐

An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II)

6

☐

A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**

7

☒

An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II)

8

☐

A community trust described in **section 170(b)(1)(A)(vi)** (Complete Part II)

9

☐

An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2).** (Complete Part III)

10

☐

An organization organized and operated exclusively to test for public safety See **section 509(a)(4).**

11

☐

An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See **section 509(a)(3).** Check the box in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g

a

☐

Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization **You must complete Part IV, Sections A and B.**

b

☐

Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) **You must complete Part IV, Sections A and C.**

c

☐

Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions) **You must complete Part IV, Sections A, D, and E.**

d

☐

Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions) **You must complete Part IV, Sections A and D, and Part V.**

e

☐

Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization

f

☐

Enter the number of supported organizations _____

g

☐

Provide the following information about the supported organization(s)

(i)Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
Total						

Part II

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)
(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support						
Calendar year (or fiscal year beginning in) ▶	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")	0	0	0	0	0	0
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0
3 The value of services or facilities furnished by a governmental unit to the organization without charge						0
4 Total. Add lines 1 through 3	0	0	0	0	0	0
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						0
6 Public support. Subtract line 5 from line 4						0

Section B. Total Support						
Calendar year (or fiscal year beginning in) ▶	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
7 Amounts from line 4	0	0	0	0	0	0
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	0	0				0
9 Net income from unrelated business activities, whether or not the business is regularly carried on						0
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)						0
11 Total support Add lines 7 through 10						0
12 Gross receipts from related activities, etc (see instructions)					12	0
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input checked="" type="checkbox"/>

Section C. Computation of Public Support Percentage		
14 Public support percentage for 2014 (line 6, column (f) divided by line 11, column (f))	14	
15 Public support percentage for 2013 Schedule A, Part II, line 14	15	
16a 33 1/3% support test—2014. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization	<input type="checkbox"/>	
b 33 1/3% support test—2013. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization	<input type="checkbox"/>	
17a 10%-facts-and-circumstances test—2014. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization	<input type="checkbox"/>	
b 10%-facts-and-circumstances test—2013. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization	<input type="checkbox"/>	
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions	<input type="checkbox"/>	

Part III

Support Schedule for Organizations Described in Section 509(a)(2)
(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support						
Calendar year (or fiscal year beginning in) ▶	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support (Subtract line 7c from line 6)						

Section B. Total Support						
Calendar year (or fiscal year beginning in) ▶	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI)						
13 Total support. (Add lines 9, 10c, 11, and 12)						
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ▶						

Section C. Computation of Public Support Percentage			
15 Public support percentage for 2014 (line 8, column (f) divided by line 13, column (f))	15		
16 Public support percentage from 2013 Schedule A, Part III, line 15	16		

Section D. Computation of Investment Income Percentage			
17 Investment income percentage for 2014 (line 10c, column (f) divided by line 13, column (f))	17		
18 Investment income percentage from 2013 Schedule A, Part III, line 17	18		
19a 33 1/3% support tests—2014. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization ▶			
b 33 1/3% support tests—2013. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization ▶			
20 Private foundation. If the organization did not check a box on line 14 or line 19a, and line 16 is not more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and see instructions ▶			

Part IV

Supporting Organizations

EXHIBIT 10

(Complete only if you checked a box on line 11 of Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations		Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.		
3b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.		
3c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below.		
4b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.		
4c	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).		
5b	Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
5c	Substitutions only. Was the substitution the result of an event beyond the organization's control?		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations, (b) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI .		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part II of Schedule L (Form 990).		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI .		
9b	Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI .		
9c	Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI .		
10a	Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer b below.		
10b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings).		
11	Has the organization accepted a gift or contribution from any of the following persons?		
11a	a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?		
11b	b A family member of a person described in (a) above?		
11c	c A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.		

Part IV Supporting Organizations (continued)

EXHIBIT 10

Section B. Type I Supporting Organizations

	Yes	No
1 Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.		
2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization.		

Section C. Type II Supporting Organizations

	Yes	No
1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).		

Section D. All Type III Supporting Organizations

	Yes	No
1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (1) a written notice describing the type and amount of support provided during the prior tax year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).		
3 By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.		

Section E. Type III Functionally-Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions)

a ☐ The organization satisfied the Activities Test Complete **line 2** below

b ☐ The organization is the parent of each of its supported organizations Complete **line 3** below

c ☐ The organization supported a governmental entity Describe in Part VI how you supported a government entity (see instructions)

2 Activities Test **Answer (a) and (b) below.**

a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in **Part VI identify those supported organizations and explain** how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.

b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in **Part VI** the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.

3 Parent of Supported Organizations **Answer (a) and (b) below.**

a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI.

b Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? If "Yes," describe in **Part VI** the role played by the organization in this regard.

Part V – Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

EXHIBIT 10

1 ☐ Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov 20, 1970 **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8	

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)	1	
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (explain in detail in Part VI) _____		
2	Acquisition indebtedness applicable to non-exempt use assets	2	
3	Subtract line 2 from line 1d	3	
4	Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, see instructions)	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by .035	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	

Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)		

Section D - Distributions	EXHIBIT 10	Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	
4	Amounts paid to acquire exempt-use assets	
5	Qualified set-aside amounts (prior IRS approval required)	
6	Other distributions (describe in Part VI) See instructions	
7	Total annual distributions. Add lines 1 through 6	
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI) See instructions	
9	Distributable amount for 2014 from Section C, line 6	
10	Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2014	(iii) Distributable Amount for 2014
1	Distributable amount for 2014 from Section C, line 6		
2	Underdistributions, if any, for years prior to 2014 (reasonable cause required--see instructions)		
3	Excess distributions carryover, if any, to 2014		
a	From 2009.		
b	From 2010.		
c	From 2011.		
d	From 2012.		
e	From 2013.		
f	Total of lines 3a through e		
g	Applied to underdistributions of prior years		
h	Applied to 2014 distributable amount		
i	Carryover from 2009 not applied (see instructions)		
j	Remainder Subtract lines 3g, 3h, and 3i from 3f		
4	Distributions for 2014 from Section D, line 7 \$		
a	Applied to underdistributions of prior years		
b	Applied to 2014 distributable amount		
c	Remainder Subtract lines 4a and 4b from 4		
5	Remaining underdistributions for years prior to 2014, if any Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions)		
6	Remaining underdistributions for 2014 Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions)		
7	Excess distributions carryover to 2015. Add lines 3j and 4c		
8	Breakdown of line 7		
a	From 2010.		
b	From 2011.		
c	From 2012.		
d	From 2013.		
e	From 2014.		

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Part VI Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions).

EXHIBIT 10

Facts And Circumstances Test

Return Reference

Explanation

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

EXHIBIT 10
Supplemental Information to Form 990 or 990-EZ

**Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.**
▶ Attach to Form 990 or 990-EZ.
**▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at
www.irs.gov/form990.**

OMB No 1545-0047

2014

**Open to Public
Inspection**

Name of the organization ESTHER GITLOW TOWERS III HOUSING DEVELOPMENT FUND CORP	Employer identification number 27-1086109
---	--

990 Schedule O, Supplemental Information

Return Reference	Explanation
PROGRAM SERVICE	WE DID NOT HAVE ANY PROGRAM SERVICE ACTIVITIES THIS TAX YEAR

EXHIBIT 11

EXHIBIT 11

PHASE I

ENVIRONMENTAL

SITE ASSESSMENT

August 14, 2008

Site Identification:	Rockland Home for the Aged Property 200 Lafayette Avenue Village of Suffern Rockland County, New York
Tax Lot Identification:	Section 55.37, Block 1, Lot 30.1
Property Description:	Approximately four acre property containing the Esther Gitlow I senior citizen apartment building

ESI File: RS08109.11

Prepared By:



Ecosystems Strategies, Inc.

24 Davis Avenue, Poughkeepsie, NY 12603

phone 845.452.1658 | fax 845.485.7083 | ecosystemsstrategies.com

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2.0 INTRODUCTION

2.1 Purpose

This Phase I Environmental Site Assessment (Phase I ESA) has been prepared in conformance with guidelines set forth by the American Society for Testing and Materials (ASTM) Method E1527-05, and identifies recognized environmental conditions (RECs) and/or other significant environmental liabilities resulting from or associated with the storage, use, transport, or disposal of hazardous or regulated materials on the property located at 200 Lafayette Avenue, Village of Suffern, Rockland County, New York (a description of the property is presented in Section 3.0).

2.2 Detailed Scope of Services

The Scope of Services for this Phase I ESA is as follows:

Task 1: Description of Subject Property and Surrounding Area

Description of subject property and surrounding area physical settings, including property location, topography, geology/hydrogeology, surface hydrology and sensitive environmental receptors (e.g., wetlands), and identification of adjoining properties and a description of the surrounding area.

Task 2: Review of User Reported Information

Review of data reported as per Section 6 of ASTM Practice E1527-05, which requires that the User (the party seeking to complete the environmental site assessment of the property) provide specific information to the Environmental Professional in order to meet the requirements for "all appropriate inquiry", including knowledge of environmental conditions or concerns, known site history, reason for performing the Phase I investigation, and details of other relevant conditions.

Task 3: Records Review

Review of standard environmental record sources and (as warranted) additional environmental record sources, physical settings sources, and applicable, reasonably ascertainable historical use information for the subject property and adjoining properties, including records from federal and state regulatory agencies and municipal sources, historic maps and plans, aerial photographs, and review of User and/or property owner provided documents and/or analytical results.

Task 4: Site Reconnaissance

Physical inspection of the subject property (both interior and exterior areas) and accessible surrounding areas in order to obtain information useful in identifying recognized environmental conditions in connection with the property and to identify current and past uses and conditions.

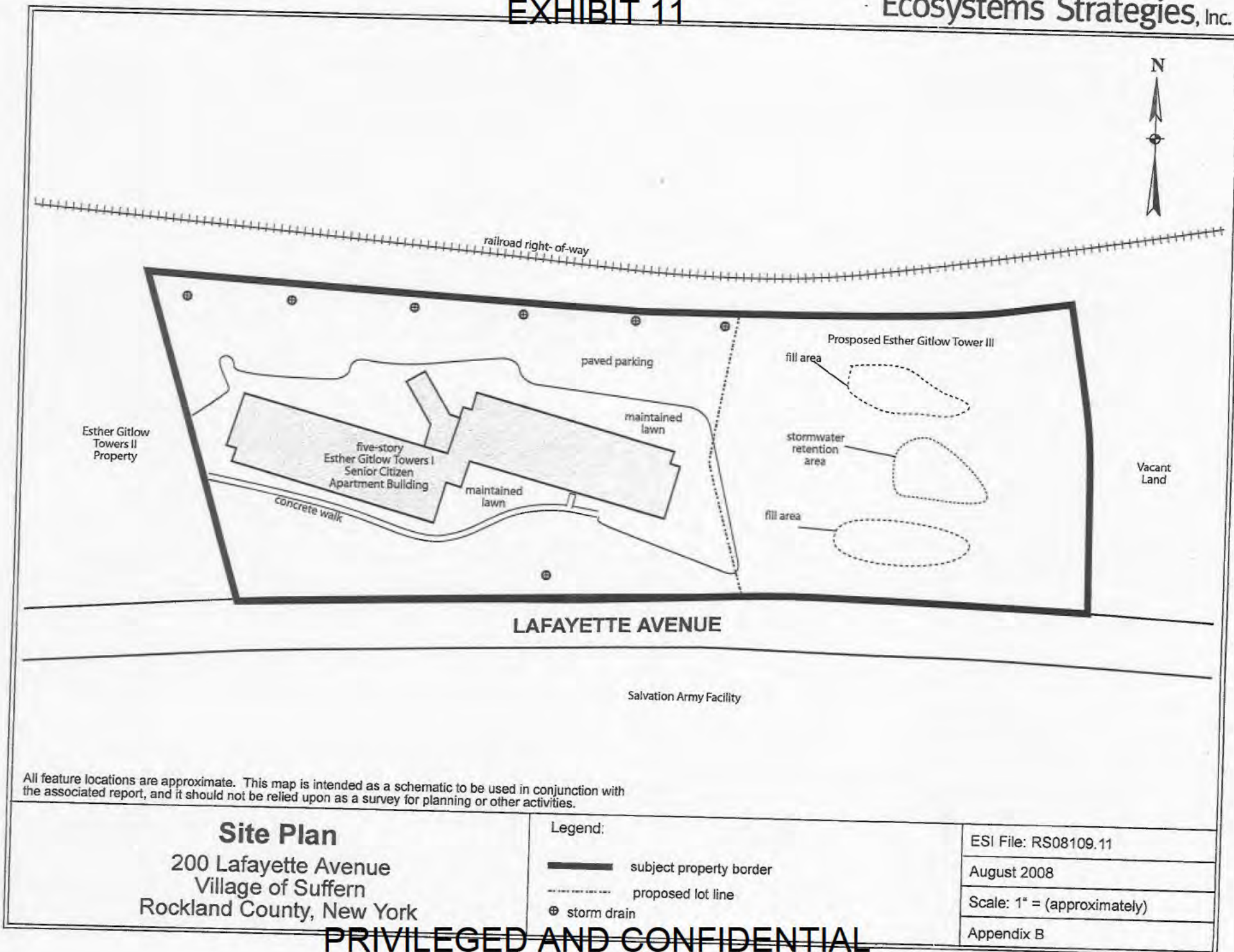
Task 5: Interviews

Interviews with owners, site managers, occupants, local government officials, and other interested parties, as warranted, to obtain information indicating recognized environmental conditions in connection with the property or other relevant environmental conditions.

Task 6: Report Preparation and Summary of Findings, Opinions, and Conclusions

Preparation of a written report: 1) summarizing information reported by the User and other knowledgeable individuals, and relevant findings from the above tasks (including documentation); 2) presenting the Environmental Professional's opinions and conclusions (including the supporting rationale, the significance of any data gaps, and recommendations regarding any warranted additional investigation); 3) listing all deletions, deviations and additions to the ASTM E1527-05 Phase I practice; and 4) identifying the environmental professional and the person(s) who conducted the site reconnaissance, including the environmental professional's signature, statement of and qualifications, and supporting documentation.

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EXHIBIT 12

EXHIBIT 12

Google Maps 200 Lafayette Ave



Imagery ©2017



200 Lafayette Ave
Suffern, NY 10901

Esther Gitlow Towers
112 units
200 Lafayette Ave.

Esther Dashew Apts.
75 units
20 Secora Rd.



At this location

EnExT Consultants
5.0 (1)

Yvette & Louis Tekel Residence
80 units
196 Lafayette Ave.

EXHIBIT 12

Internet Marketing Service · 200 Lafayette Ave

Esther Gitlow Towers Senior

3.3 (3)

Professional Services · 200 Lafayette Ave

Law Firm SEO

Internet Marketing Service · 200 Lafayette Ave

Rockland Home

Professional Services · 200 Lafayette Ave

Techno Works

Website Designer · 200 Lafayette Ave

Open until 5:00 PM

EXHIBIT 12

Google Maps 196 Lafayette Ave



Imagery ©2017 Google, Map data ©2017 Google 100 ft



196 Lafayette Ave
Suffern, NY 10901



EXHIBIT 12

Google Maps 20 Secora Rd



Imagery ©2017 Google, Map data ©2017 Google 50 ft



20 Secora Rd
Monsey, NY 10952



At this location

Arco Management Corporation
Property Management Company · 20 Secora Rd # 106

EXHIBIT 12

ESTHER DASHEW APARTMENTS

Apartment Building · 20 Secora Rd

EXHIBIT 12

Google Maps 8 Secora Rd



Image capture: Sep 2016 © 2017 Google

Monsey, New York

Street View - Sep 2016

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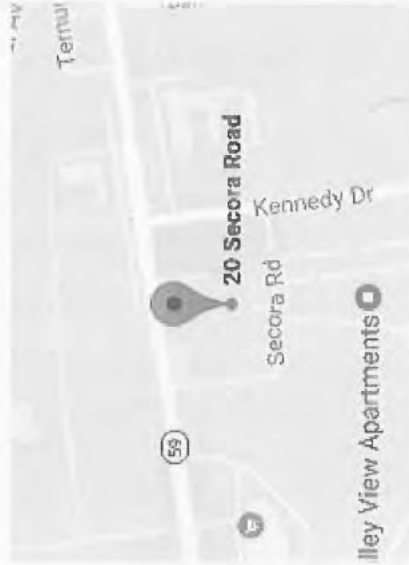


EXHIBIT 12

PRIVILEGED AND CONFIDENTIAL
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EXHIBIT 13

EXHIBIT 13



This project features the construction of a new 80-unit senior housing apartment building and three-level parking garage. This new building will be the third apartment building in an existing senior housing complex. The project required the reconfiguration of the existing parking lots and site access. In addition to approvals from the Village of Suffern, approval was required from the New York State Department of Transportation, Army Corps of Engineers and Rockland County Department of Health. Brooker Engineering provided site plan design services for the project, which has been approved by the Village of Suffern and is scheduled for construction in 2015.

<div><div></div>Client</div>
Har-Lou Management Corp – Rockland Home for the Aged
<div><div></div>Project Type</div>
Land Development (Subdivision)

EXHIBIT 14

TELEPHONE
(845) 638-5418

EXHIBIT 14
STANDARD VOUCHER

VOUCHER No. 965250

COUNTY OF ROCKLAND
COUNTY OFFICE BUILDING, NEW CITY, N. Y. 10956

Claimant:

Payee Identification No. [REDACTED]

Date: 12/7/10

Tax Id or SSN) PAYMENT WILL NOT BE MADE WITHOUT A TAXPAYER ID NUMBER

FOR INTERNAL USE ONLY

Period: ___/___/___
(Optional)

Document Total:

\$ 2,023

Single Check? ___
(Optional)

Scheduled Pay Date ___/___/___
(Optional)

Vendor's Reference Data

Invoice No.

Date

NOTE: ACCOUNTING INFORMATION NOT NECESSARY IF REFERENCING AN ENCUMBRANCE

DESCRIPTION	Quantity	Unit	Unit Price	Amount	Ref Trans Code/ Ref Trans Number	Ref Line	Comm Line	Fnd	Agency	Org	Object	Project No. (Capital Projects)	Amount
FSS Final Disbursement				\$ 2023				F	CD	9995	EY090	HM2009	\$ 2023

TOTAL \$ 2023

I HEREBY CERTIFY THAT THE MERCHANDISE
ENUMERATED IN THE ABOVE ACCOUNT(S) HAS BEEN
RECEIVED AND/OR THE SERVICES SPECIFIED PERFORMED
AND/OR THE EXPENSES CLAIMED HAVE BEEN INCURRED
AND I APPROVE THIS CLAIM FOR PAYMENT.

IN THE AMOUNT OF

\$ 2023

IS

TRUE AND CORRECT, THAT THE SERVICES, MATERIALS, SUPPLIES, OR
EQUIPMENT WERE ACTUALLY RENDERED OR DELIVERED AND/OR THE
DISBURSEMENTS ACTUALLY AND NECESSARILY MADE, AND THAT THE
AMOUNT CLAIMED REMAINS DUE: OWING AND UNPAID, AND NO PART
THEREOF HAS BEEN PAID OR SATISFIED.

SIGNATURE

TITLE

INSTRUCTIONS
TO CLAIMANT

- Details of claim must be specified in description space and/or you may refer to, and attach, your invoice.
- Supporting documents for requested reimbursement of expenses must be attached.
- Certification at left must be signed in ink.
- The original and duplicate copies shall be forwarded to the Department of Finance at the above address.

ORIGINAL DEPARTMENT OF FINANCE
TORNEY CLIENT WORK PRODUCT

Department of Finance

Date

Date

12/7/10

EXHIBIT 14

Special payment processed on December 7, 2010 but payee information was incorrect.

Mistakenly paid to NYS HFTC

Should have been paid to [REDACTED]

EXHIBIT 15

TELEPHONE
(845) 638-5418

STANDARD VOUCHER
EXHIBIT 15

VOUCHER
No. **911050**

COUNTY OF ROCKLAND
COUNTY OFFICE BUILDING, NEW CITY, N. Y. 10956

Claimant: Legal Aid Society of Rockland County

Taxpayer Identification No. 13-2559573

Date: 3 / 21 / 11

(Federal Tax Id or SSN) **PAYMENT WILL NOT BE MADE WITHOUT A TAXPAYER ID NUMBER**

2 Congers Road

New City, New York 10956

FOR INTERNAL USE ONLY

Acct Period: ____ / ____ / ____
(Optional)

Document Total: _____

Single Check? ____
(Optional)

Scheduled Pay Date ____ / ____ / ____
(Optional)

Vendor's Reference Data Invoice No. _____

Date _____

Note: ACCOUNTING INFORMATION NOT NECESSARY IF REFERENCING AN ENCUMBRANCE

DESCRIPTION	Quantity	Unit	Unit Price	Amount	Ref Trans Code/ Ref Trans Number	Ref Line	Comm Line	Fnd	Agency	Org	Object	Project No. (Capital Projects)	Amount
2011 HPRP Advance				\$100,000				F	CD	9995	E4090	HRP02	\$ 100,000.00

CLAIMANTS CERTIFICATION

I, Alexander Bursztein CERTIFY
THAT THE ABOVE ACCOUNT
IN THE AMOUNT OF \$ 100,000

IS
TRUE AND CORRECT, THAT THE SERVICES, MATERIALS, SUPPLIES, OR
EQUIPMENT WERE ACTUALLY RENDERED OR DELIVERED AND/OR THE
DISBURSEMENTS ACTUALLY AND NECESSARILY MADE, AND THAT THE
AMOUNT CLAIMED REMAINS DUE: OWING AND UNPAID, AND NO PART
THEREOF HAS BEEN PAID OR SATISFIED.

SIGNATURE Margaret Hodel for 3/21/11 DATE

TITLE Executive Director

TOTAL \$ 100,000

**INSTRUCTIONS
TO CLAIMANT**

1. Details of claim must be specified in description space and/or you may refer to, and attach, your invoice.
2. Supporting documents for requested reimbursement of expenses must be attached.
3. Certification at left must be signed in ink
4. The original and duplicate copies shall be forwarded to the Department of Finance at the above address.

I HEREBY CERTIFY THAT THE MERCHANDISE
ENUMERATED IN THE ABOVE ACCOUNT(S) HAS BEEN
RECEIVED AND/OR THE SERVICES SPECIFIED PERFORMED
AND/OR THE EXPENSES CLAIMED HAVE BEEN INCURRED,
AND I APPROVE THIS CLAIM FOR PAYMENT.

Department Receiving Clerk _____ Date

Authorized Department Official _____ Date

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ATTORNEY CLIENT WORK PRODUCT

ORIGINAL DEPARTMENT OF FINANCE

Department of Finance

Date

EXHIBIT 15



2 Congers Road
New City, New York 10956

(845) 634-3627
(845) 634-8505 F

www.legalaidrockland.org

Susan Cooper
President

Carl Wanderman
Vice President

Alexander Bursztein
Executive Director

March 21, 2011

Joseph Abate
Director
County of Rockland Community Development Office
185 N. Main Street
Spring Valley, New York 10977

Dear Mr. Abate:

In accordance with our conversation earlier today, enclosed please find a voucher seeking an advance for services that will be rendered by the Legal Aid Society under the Homelessness Prevention and Rapid Re-Housing Program grant. This advance is for the services that will be provided for the period commencing on March 1, 2011.

Please let me know if I may be of any further assistance. Thank you in advance for your help and consideration.

Respectfully,

A handwritten signature in dark ink, appearing to read "Alexander Bursztein", followed by a long horizontal flourish.

Alexander Bursztein
Executive Director

AB/lm



United Way
of Rockland County

**PRIVILEGED AND CONFIDENTIAL
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EXHIBIT 15

ROCKLAND COUNTY OFFICE OF COMMUNITY DEVELOPMENT

HOMELESS PREVENTION AND RAPID RE-HOUSING VOUCHER

DATE 3/21/11

PROJECT HOMELESS PREVENTION AND RAPID RE-HOUSING

SUBRECIPIENT ROCKLAND COUNTY

VENDOR Legal Aid Society of Rockland

PROJECT YEAR 2009

VOUCHER NUMBER 911050, THE 112th
VOUCHER FOR THIS ITEM. WORK ON THE ABOVE CONTRACT IS COVERED BY THE
HOMELESS PREVENTION AND RAPID RE-HOUSING GRANT PROGRAM.

TOTAL ALLOCATED	\$	<u>820,000.00</u>
TOTAL PREVIOUSLY REQUESTED	\$	<u>536,884.92</u>
BALANCE TO DATE	\$	<u>283,115.08</u>
AMOUNT OF ENCLOSED VOUCHER	\$	<u>100,000.00</u>
BALANCE REMAINING	\$	<u>183,115.08</u>

AS THE ABOVE TABULATION SHOWS A BALANCE TO DATE IN THE ESG ALLOCATION,
PLEASE UTILIZE OUR LETTER OF CREDIT TO PAY THE ATTACHED.

VOUCHER ENTRY PROJECTS INFORMATION

PROJECT BUSINESS UNIT: COR01

PROJECT HPRP2009

ACTIVITY GEN

SOURCE TYPE CD

CATEGORY OTH

SUBCATEGORY

IDIS USE ONLY

VOUCHER #

HUD ACCT # 1379

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EXHIBIT 16

EXHIBIT 16

ROCKLAND COUNTY OFFICE OF COMMUNITY DEVELOPMENT COMMUNITY DEVELOPMENT BLOCK GRANT VOUCHER

DATE 5/2/07
PROJECT ADMINISTRATION
SUBRECIPIENT ROCKLAND COUNTY
VENDOR O.R.
PROJECT YEAR 2006
VOUCHER NUMBER 877546, THE 4TH
VOUCHER FOR THIS ITEM. WORK ON THE ABOVE CONTRACT IS COVERED BY THE
COMMUNITY DEVELOPMENT BLOCK GRANT PROGRAM.

TOTAL ALLOCATED	\$ <u>324,991.00</u>
TOTAL PREVIOUSLY REQUESTED	\$ <u>114,096.05</u>
BALANCE TO DATE	\$ <u>210,894.95</u>
AMOUNT OF ENCLOSED VOUCHER	\$ <u>2,013.95</u>
BALANCE REMAINING	\$ <u>208,881.00</u>

AS THE ABOVE TABULATION SHOWS A BALANCE TO DATE IN THE CDBG ALLOCATION,
PLEASE UTILIZE OUR LETTER OF CREDIT TO PAY THE ATTACHED.

VOUCHER ENTRY PROJECTS INFORMATION

PROJECT BUSINESS UNIT: COR01

PROJECT CD2006

ACTIVITY GEN

SOURCE TYPE CD

CATEGORY OTH

SUBCATEGORY

IDIS USE ONLY

VOUCHER # _____

HUD ACCT # 1239

**PRIVILEGED AND CONFIDENTIAL
ATTORNEY CLIENT WORK PRODUCT**

TELEPHONE
(845) 638-5418

EXHIBIT 16
STANDARD VOUCHER

VOUCHER No. 877546

COUNTY OF ROCKLAND
COUNTY OFFICE BUILDING, NEW CITY, N. Y. 10956

Claimant: ORANGE ROCKLAND UTILITIES

Taxpayer Identification No. _____ Date: ____/____/____
(Federal Tax Id or SSN) PAYMENT WILL NOT BE MADE WITHOUT A TAXPAYER ID NUMBER

P.O. Box 1005

SPRING VALLEY, N.Y. 10977

FOR INTERNAL USE ONLY

Acct Period: ____/____/____
(Optional)

Document Total: _____

Single Check? ____
(Optional)

Scheduled Pay Date ____/____/____
(Optional)

Vendor's Reference Data Invoice No.

Date

Note: ACCOUNTING INFORMATION NOT NECESSARY IF REFERENCING AN ENCUMBRANCE

DESCRIPTION	Quantity	Unit	Unit Price	Amount	Ref Trans Code/ Ref Trans Number	Ref Line	Comm Line	Fnd	Agency	Org	Object	Project No. (Capital Projects)	Amount
BALANCE DUE				2013.95				F	LD	9995	E4090	CD2006	2013.95
PAYMENT													
Acct: # [REDACTED]													

APPROVED & ENTER
MAY 07 2007
DEPT OF FINANCE

TOTAL 2013.95

INSTRUCTIONS
TO CLAIMANT

1. Details of claim must be specified in description space and/or you may refer to, and attach, your invoice.
2. Supporting documents for requested reimbursement of expenses must be attached.
3. Certification of claim must be signed in ink.
4. The original and duplicate copies shall be forwarded to the Department of Finance at the above address.

I HEREBY CERTIFY THAT THE MERCHANDISE
ENUMERATED IN THE ABOVE ACCOUNT(S) HAS BEEN
RECEIVED AND/OR THE SERVICES SPECIFIED PERFORMED
AND/OR THE EXPENSES CLAIMED HAVE BEEN INCURRED
AND I APPROVE THIS CLAIM FOR PAYMENT.

Department Receiver's Clerk

Date

5/2/07

Date

5/2/07

PRIVILEGED AND CONFIDENTIAL
ATTORNEY-CLIENT WORK PRODUCT

TOTAL
AMOUNT DUE \$2,013.95

C002

☐ 'X' to enroll in ABP

PO Box 1005
Spring Valley NY 10977

This bill is due on receipt.
Detach and mail this portion with payment.

☐ NEIGHBOR FUND: Add \$1
and O&R Will Match

00099820432129000016477200000201395

☐ Your next Meter
Reading will be:
May 15

☐ If you have questions
about this bill, call
toll-free 1-877-434-4100
or go to www.oru.com

ELECTRIC RESIDENTIAL

Apr. 13 reading (Actual) 86110
Mar. 15 reading (Actual) 85963

Total usage KWH 29 Days 147

Delivery Charges

Basic Service Charge	\$8.54
First 147 KWH @ 5.557¢ each	8.17
Energy Cst Adj 147 KWH @ 0.07100¢	.10
SBC/BPS Chg 147 KWH @ 0.18200¢	.27
Government surcharges delivery	.54
Total Delivery Charges	17.62
Mkt Price Elec Supply 147 KWH @ 9.23400¢	13.57
Mkt Supply Chg Adj 147 KWH @ 2.06200¢	3.03
Government surcharges commodity	.17
Total Price For Elec Supply	11.408¢ Avg
Total Supply Charges	16.77

CURRENT ELECTRIC CHARGES \$34.39

BILLING DATE 04/13/07

BILLING SUMMARY

ACCOUNT NUMBER

Last Bill \$1,647.22

Payments as of 04/13/07 .00

Adjustments
Billing Charge .64
1.5% Late Payment 42.22

Service Charges
Electric 34.39
Gas 288.98

TOTAL
AMOUNT DUE \$2,013.95

GAS RESIDENTIAL - SPACE HEATING

Apr. 13 reading (Actual) 9267
Mar. 15 reading (Actual) 9100

Total usage CCF 29 Days 167

Delivery Charges

Basic Service Charge	\$12.00
Includes 3 CCF @ .000¢ each	.00
Next 47 CCF @ 31.373¢ each	14.75
Next 117 CCF @ 30.085¢ each	35.20
Monthly Gas Adj @ -3.9985¢ each	-6.68
Government surcharges delivery	1.78
Total Delivery Charges	57.05

Merchant Function Chg 167 CCF @ 4.09600¢ 6.84
Government surcharges delivery .22

Total Merchant Function Chg \$7.06

Gas Supply Chg 167 CCF @ 133.14478¢ 222.35
Government surcharges commodity 2.52

Total Supply Charges 224.87

CURRENT GAS CHARGES \$288.98

Avg. Temp This Period 41°F
Same Period Last Year 44°F

ELECTRIC USAGE MONTHLY



GAS USAGE MONTHLY



☒ ACTUAL ☐ ESTIMATED ☐ AVG. CUST. PROFILE

To avoid a 1.5% late charge, pay by 05/08/2007. If paying in person, at an O&R business office, by phone or on the internet, please allow 1 to 2 business days for payment to post to your account.

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